Department for Children and Families

Cash Transmittal

From: _____ Area # _____ Date: _____
(Transmitting Office) Page: _____

Mo/Check #	Payer or Case Name or Vendor	Case # or Court # or Voucher #	Tran Code	Fund	FY	Index	PCA	Sub Object	Debt # or Claim #	Amount	Bad Check
Vendor's check #	*Vendor's Name*	*Voucher #*	*608*		*04*		*27911*	*5510*		Amount of check	

Total Received . . . . . $
Fee Fund Clerk:
Central Cashier: _____