

CREDIT CARD DEPOSIT

USE A SEPARATE REPORT FOR EACH FUND

PAGE __ OF __

A. FUND		B. LOCATION CODE	C. REPORT OF DEPOSIT NUMBER	D. REPORT OF COLLECTION NUMBER				
E. TO: DEPARTMENT OF GENERAL SERVICES OFFICE OF FISCAL SERVICES SRF FISCAL SERVICES P. O. BOX 989053 WEST SACRAMENTO, CA 95798-9053			F. FROM: OFFICE NAME					
			LOCATION/ADDRESS					
			SUBMITTED BY: (Please Print)		DATE	TELEPHONE NUMBER		
G.	H. AMOUNT CREDIT CARD	I. DATE	J. CREDIT CARD HOLDER	K. For unbilled revenue				L. Billed revenue
				COST CENTER	ACCOUNT	ACTIVITY	FY	INVOICE #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
M.								
TOTAL								
GRAND TOTAL		P. REVIEWED BY:			DATE	TELEPHONE		