TRANSMITTAL FORM

Albany State University
UNIVERSITY SYSTEM OF GEORGIA

FROM: _____
DEPARTMENT

DATE: _____

ACCOUNT NUMBER: _____

		MARK 'X' IN APPROPRIATE BOX			
NAME (PERSON/ORGANIZATION)	**EXPLANATION**	**CASH**	**CHECK or MONEY ORDER**	**(If applicable) CHECK/MONEY ORDER NUMBER**	**AMOUNT**
TOTAL					$ 0.00

_____ _____
Transmitted by (Signature) Date

_____ _____
Received by (Signature) Date

Form No. ASUFA 300
Effective Date 05/01/97
Revised 4/03/03

Call Financial Operations at 229-430-4610 for any questions.