

AUBURN UNIVERSITY

Accounts Receivable Charge Form

To: **Student Financial Services – Cashier Department**

JOURNAL NO. _____

From: _____

DEPARTMENT

DATE VOUCHER PREPARED BY DEPT _____

DATE: _____

ADDRESS

TERM

Debit						Jrnal Type	DESCRIPTION	AMOUNT	Credit					
Fund	Org	Acct	Prog	Actvty	Locatn				Fund	Org	Acct	Prog	Actvty	Locatn
TOTAL														

EXPLANATION:

PREPARED BY _____ DATE _____
 Signature of Unit Head _____ DATE _____