RESET FORM

AUBURN UNIVERSITY

Accounts Receivable Charge Form

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

JOURNAL NO. _____

DATE _____

FROM: _____
DEPARTMENT

_____
DATE VOUCHER PREPARED BY DEPT.

_____
ADDRESS

_____
TERM

DEBIT				Journal Type	DESCRIPTION	AMOUNT	CREDIT			
Fund	Org	Acct	Prog				Fund	Org	Acct	Prog
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
				JE16						
					TOTAL	0.00				

EXPLANATION:

_____
PREPARED BY

_____
DATE

_____
Signature of Unit Head

_____
DATE

BO 45-01 (Rev 10/05-B)