



Cash Receipt Form

Department/Division _____

Event (if applicable) _____

Recipient Information – please print

Vendor Name _____

Z Number _____

Cash Amount _____

Recipient Name _____

Recipient Title _____

By signing below, I acknowledge receipt of the cash amount stated above from Stockton University.

Signature of Recipient _____

Date Received _____

FOR STAFF USE ONLY

Cash Distributed by _____

Position _____

Signature _____

Submit completed form to fiscalaffairs@stockton.edu