

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
CASH RECEIPT/CASH TRANSMITTAL FORM**

FROM:

- THE CHECKS LISTED BELOW ARE FOR DEPOSIT
- THE CHECKS LISTED BELOW WERE RECEIVED DIRECTLY BY CENTRAL OFFICE AND DEPOSITED

PROJECT	TASK	AWARD	INV. #	AMOUNT	SPONSOR/PAYER	REMARKS

* Attach copies of the remittance advice forms and any other correspondence which accompanied this check.

* Use this form **ONLY** for income/accounts receivable receipts (former budget category 9001)

FOR BUSINESS OFFICE USE	FOR CONTROLLER'S OFFICE USE
Prepared By: _____ Date: _____	Prepared By: _____ Date: _____
Approval Signature: _____ Date: _____	Approval Signature: _____ Date: _____
	Entered By: _____ Date: _____