

# CHECK/MONEY ORDERS

Receiving Voucher

Routing Slip

Remittance Date: \_\_\_\_\_

ADDRESS TO RETURN COPY

AUTHORIZED COLLECTOR:		
DISTRICT:		
PROJECT:		
PARK:		
ADDRESS:		
NUMBER OF INSTRUMENTS (CHECKS)		
PHONE:		
AMOUNT:		
CEFMS RECEIVING VOUCHER #:		
CEFMS COLLECTION VOUCHER #:		

FORM: UFC-DISB-1