Carnegie Mellon University
Finance Division

Accounts Receivable Redistribution Form

Purpose of this Form: To correct general ledger account strings on cash or check deposits. Please note this form will not be processed without all required information.

Original Deposit Information

Cash or check (required):   Cash   Check

Account Receivable Receipt Number (if available): _____

Total Deposit Amount (required): _____ GL Transaction Date (required): _____

Payor's Name (if available): _____

Attach a copy of the original Financial Services Receipt (FSR), if available.

GL Amount	Object Code	Funding	Function	Activity	Organization	Entity
$						
$						
$						
$						

Correcting Deposit Information

GL Amount	Object Code	Funding	Function	Activity	Organization	Entity
$						
$						
$						
$						

Is this deposit a contribution (or gift) to the university? _____ If yes, attach copies of all donor documentation.

Initiating Department Information

_____ _____
Department   Telephone

_____ _____
Preparer: Email

_____ _____
Signature   Date:

Authorization (must be different than requestor)

_____ _____
Name   Title

_____ _____
Signature   Date:

Finance Division Use

Submit completed form to Treasury at Treasury@andrew.cmu.edu.