

EFT Receipt

Date: _____

The University of Texas Health Science Center
at San Antonio
Accounting Office 567-6085

No. _____

Payment by Electronic Funds Transfer (EFT)

Account #	Payor	Invoice #	Amount Billed

Department
Explanation

To be completed by Department:

Prepared by	Phone #
Email confirmation: xxxxxx@uthscsa.edu	

To be completed by Cash Management Section of Accounting Office:

Initials	Date	Bank Account #	Suspense Acct/Acct#	Amt. Rc'd	JV #

To be completed by Accounting Office Journal Voucher Preparator:

Initials	Date	Account #	Class Code	Amount	JV #

Accounting
Comments

