

ELECTRONIC PAYMENT CLAIM FORM

SUBMIT COMPLETED FORM TO: CASH HANDLING AND BANKING SERVICES
 140 UNIVERSITY HALL, #1111 OR bankwires@berkeley.edu

FOR INFORMATION CONTACT: 643-9803 OR bankwires@berkeley.edu

Campus Department Information								
Department Name:								
Contact Name:			Contact Email:			Contact Phone:		
Electronic Payment Details <small>Provide all available transaction details</small>								
Date Sent:					Amount: \$			
Originator/Sender:					Additional Information:			
Electronic Payment Distribution <small>Provide chartstring(s) to be used for posting</small>								
BU	*Account	Fund Code	Dept	Program	CF 1	CF 2	Ledger Description (30 characters max)	Amount
								\$
								\$
								\$
								\$
*If using an Account outside of the Revenue Range of 46xxx-48xxx, provide explanation of account							Total	\$
Payment Type (choose one)								
Regents <input type="checkbox"/>			Gift (Fund range 39600-56999) <input type="checkbox"/>			Endowment (Fund range 04100-09599 and 14000-14999) <input type="checkbox"/>		