

# UNIVERSITY OF NEVADA, RENO FOUNDATION

## Transmittal Form - **Check or Cash ONLY!**

**\*\*\*Fees and Other Income Only\*\*\***

- DO NOT SEND CASH IN THE MAIL -

Submitted By:  
(include Mail Stop) \_\_\_\_\_

Phone #: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Foundation \_\_\_\_\_

Fund ID: \_\_\_\_\_

Worktag:  
(Required if no Fund) \_\_\_\_\_

TOTAL DEPOSIT:

NAME ON CHECK	CHECK or CASH	CHECK DATE	AMOUNT

Description of Fee:

Received By: \_\_\_\_\_

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

For Foundation Use Only

\*If you need assistance, call: 784-1587