NSF CHECK INPUT FORM

Department/Organization Name

The Commonwealth of Massachusetts
Office of the Comptroller
Revised: 1/31/94

Document ID								
Trans	Dept	R/Org	Number	NF Date	Acctg Prd	Bud FY	Bank Account	Cash Account
NF								
Comments								Document Total

Cust Code	Cust Loc	Cust Type	Remit To	Customer Name	NSF Charge Indicator (Y or N)

NSF Charge RE Document ID														
Trans	Dept	Org	Number	Fund	Dept	Org	Sub/Org	Prog	Typ	PRJ/CL/GRC	ACTV	Rept Cat	RSRC	NSF Charge Amount
RE														

Reference Receivable Number													
LN	Tran	Dept	Org #	Number		LN	Amount	Fund	Dept	Appropriation	Sub	Org	
	RE												
S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg						

Reference Receivable Number													
LN	Tran	Dept	Org #	Number		LN	Amount	Fund	Dept	Appropriation	Sub	Org	
	RE												
S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg						

Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____ Phone #: _____

Entered By: _____ Title: _____ Date: _____

Clear All