

BILLING RECEIVABLES SYSTEM
Batch Transmittal Form

Originating Dept:		Originator Name:		Total Record Count:	Net Record Dollars:	
Batch Description:				Total Debit Count	Total Debit Dollars:	
Authorized Signature:				Total Credit Count	Total Credit Dollars:	
	Subcode	Account #	Account Name	Acct Ref	Amount	D/C
1						
2						
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4						
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Date Received	For Billing & Receivables Office Use Only		
	Batch ID: _____	Batch Count: _____	Batch Total: _____
	Batch Date: _____	Batch Entered By: _____	

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	Subcode	Account #	Account Name	Acct Ref	Amount	D/C
21						
22						
23						
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