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 #: _____

' V ONEame: _____ Foundation ' V O E ID: _____

8 P S L:U B H
(Required if no ' V O E) _____ TOTAL DEPOSIT: 0.00

NAME ON CHECK	CHECK or CASH	CHECK DATE	AMOUNT

Description of Fee:

*If you need assistance, call: 784-1587

Received By: _____

Date: _____

For Foundation Use Only