UNIVERSITY OF KENTUCKY

CASH TRANSMITTAL CONTINUATION

Reset

Department Name _____ Date_____

TL No. C _____ Page _____ of _____ Pages

DETAIL OF ATTACHED CHECKS (CONT.)		
MAKER	**DATE REC'D**	**AMOUNT**
	TOTAL CHECKS	0.00

Please refer to Business Procedures E-2-4-Q for detailed instructions.