



Credit Card Transmittal Form

Please complete the form and e-mail it to treasury@gsu.edu.

Date Prepared: _____

Department: _____

Batch Date: _____

Prepared by: (please print) _____

Extension: _____

Contact E-mail: _____

Description of Funds _____

SpeedChart	Account (6 digits)	Fund (5 digits)	Department (7 digits)	Program (5 digits)	Class (5 digits)	Project (10 digits)	Amount
Total							

Total VISA	
Total MasterCard	
Total Discover	
Total American Express	
Total	

****Both totals must match**