Office of Revenue, Receivable and Cashiering Services
Document Request Form

Phone: 404-413-3251
Email: cashier@gsu.edu Please use DOCUMENT REQUEST as the subject

Please complete and email this form to request copies of receipts and/or other documents supplied with your transaction. Please allow us up to 5 business days to retrieve the requested documents. Please note that requests for documents from a prior fiscal year may take additional time. Additionally, some older documents may no longer be available if they exceed the retention requirements of the Georgia Records Act (O.C.G.A.50-18-90 et seq.).

REQUESTOR INFORMATION

Name: __________________________________ Department: __________________________________

Email: __________________________________ Phone: __________________________________

Date Requested: ___________________________ Fax: __________________________________

Preferred Delivery Method – Choose One:

Email: ___________ In-Person Pick Up: ___________ Fax: ___________

NOTE: Depending on the sensitivity of the information, some documents may be available for pick up only.

TRANSACTION INFORMATION

Type “N/A” if information is Not Available

Name on Deposit Remittance/Petty Cash Form: _____________________________________________

Date of Transaction: _______________________

Transaction Type: Deposit: ☐ Imprest/Petty Cash: ☐

Total Transaction Amount: _______________________

Speed Type: ____________________________ Reference (Receipt)Number: _______________________

Journal ID #: __________________________

DOCUMENTS REQUESTED

Click All That Apply

Copy of Check(s) (Specify check detail below) ☐
Deposit Remittance/Petty Cash Form ☐
Copy of Receipt ☐
Deposit/Petty Cash Supporting Documentation ☐
Other (Specify below) ☐

Additional Information (Other documentation, check detail, etc.)

For RRCS Use Only:

Completed By: __________________________ Date Completed: __________________________ Date Documents Sent: __________________________ Delivery Method: __________________________