U.S. DEPARTMENT OF THE INTERIOR
Fish And Wildlife Service
COLLECTION TRANSMITTAL **#8**
FWS Form 3-2061-8 **Rev. 06/03**

Name of the Payor
Check/Money Order Number **BFY**

CR ____ - ____ **C** ____
Organization *YR* *Serial Number*
Taxpayer Identification Number (TIN)
Document Total $

ENTRANCE /RECREATION FEES - 70/30 Split (Finance Center will accomplish the split)

Refuge Entrance Fees

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP01					3000240895-0	

Access Fees to Trails, Tour Routes, Aquaria

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP02					3000240895-0	

Interpretive Program/Tour Fees

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP03					3000240895-0	

Hunting Access Fees (including application fees for permits)

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP04					3000240895-0	

Boat Launching, Mooring, Storage, or Rental Fees

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP05					3000240895-0	

Fishing Access Fees (if not included in boat launching fees)

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP06					3000240895-0	

Meeting Facility, Special Event, or other fees not specified above

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP07					3000240895-0	

Golden Eagle Passport

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP08					3000240895-0	

Golden Age Passport

Reference TC	Nr	Line	TT	Fund	ORG Code	Rev Srce	Object Class	Cost Structure	Agrmt Nr.	ADV	Vendor Code	Amount
			SP	400C		CP09					3000240895-0	

Collection Officer Signature *Date* *(Area code) Phone Number*

Finance Center Only
Dep Tkt Nr. _____
Deposit Date