

Deposit Form



Date: _____

Currency:

Coin:

Checks:

Credit Cards:

Total Amount:

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| |
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* Attach Tape

* Fill in information at bottom

What are the funds being used for?

| Index | Fund | Org | Acct Code (Required) | Amount |
|-------|------|-----|----------------------|--------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Invoice requested from Accounting: Yes No Don't Know

Send copy of receipt to: _____

Deposited by: _____

Signature: _____

Department Name: _____

Telephone Number: _____

If you don't know the correct account code or index please call Accounting (487-2242). Deposits with missing data or incorrect cash totals will be returned. Please call 487-2247 if you have any questions.

Cardholder Name _____

Card Number _____

Expiration Date (MM/YY) _____ Amount _____

Attach sheet for additional credit cards.