

# DEPOSIT TRANSMITTAL FORM

Depositing Dept Information: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Dept Name \_\_\_\_\_ Location \_\_\_\_\_ Dept Representative Making Deposit \_\_\_\_\_

Description	Use an I Code	Or use a FOAP				Optional		Amount
	Index (6 digits)	Fund (5 digits)	Org (5 digits)	Account (5 digits)	Program (4 digits)	Activity	Location	

Deposit Composition by Payment Type Total 0.00

Checks \_\_\_\_\_

Cash \_\_\_\_\_

Bankcards \_\_\_\_\_

TOTAL 0

Recpt Number \_\_\_\_\_

FOR OFFICE USE ONLY

Receipt of Cash \_\_\_\_\_

Date          Dept.          Cashiers