

DEPOSIT TRANSMITTAL FORM

Depositing department information: _____ Date: _____

Originating department information: _____ Phone Number: _____
 (if different from depositing department)

Dept representative making deposit: _____ Phone Number: _____
 (the Deposit Transmittal form will be returned to this location) Campus Box: _____

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

Receipt Number _____

FOR OFFICE USE ONLY

Receipt of Cash _____
 Date _____ Dept. _____ Cashiers _____