DEPOSIT TRANSMITTAL FORM

DO NOT USE FOR FOUNDATION DEPOSITS (FUNDS 328xx, 329xx or 330xx)

Depositing department information:					Date:			
Originating department information:	(if different from depositing department)				Phone Number:			
Dept representative making deposit:	(the Deposit Transmittal form will be returned to this location)				Phone Number: Campus Box:			
	Use an I Code Or use a FOAP					Op	1	
Description	Index	Fund	O rg	A ccount	Program	A ctivity	Location	Amount
	(6 digits)	(5 digits)	(5 digits)	(5 digits)	(4 digits)			
Deposit Composition by Payment Type:							Total	0.00
Checks								
Cash					FOR OFFICE USE ONLY			Receipt Number
Bankcards								
TOTAL	0				Receipt of Cash _	Date	Dept.	Cashiers