



Deposit Form

Date: _____

Currency:

Coin:

Checks:

Credit Cards:

Total Amount:

* Attach Tape

*Attach Settlement Report

Has an invoice been requested from Financial Svcs: Yes* No Don't Know

*If yes, do not complete the rest of the form. Bring the funds directly to the Cashiers in the Student Financial Service Center.

What are the funds being used for?

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Index	Fund	Org	Acct Code (Required)	Amount

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 Financial Services (487-2242). Deposits with missing data or incorrect cash totals will be returned. Please call 487-2622 if you have any questions.