

DEPOSIT REMITTANCE FORM

Date of Deposit:

Deliver in Person to: University Cashier Office

University Cashier Office									
			Departme	ent Informatio	n				
Department Name:			20,000		Banner Dept ID:				
Deposit Prepared By:				Deposit Verif					
Panther ID Number:				Panther ID N					
Contact Email:				Contact Email:					
Contact Phone Number:				Contact Phone Number:					
Signature of Preparer:				Signature of Verifier:					
Signature of Frequent									
Deposited By:									
	fice of Dishursem	ents is requi	ed when deno	sits are heing m	ade into a travel expense :	account (6XX	XXX)		
	NOTE: A signature from the Office of Disbursements is required when deposits are being made into a travel expense account (6XXXXX).								
For Disbursements Use ONLY:	Name: Signature:								
		Sou	rce of Funds/	Explanation o	f Deposit				
				·	•				
			A coounti	na Distributio	•				
Accounting Distribution									
Amount	Speed Type	DETC	Account	Fund	Department	Program	Class	Project	
		(4)	(6)	(5)	(9)	(5)	(5)	(10)	
	Total Deposit		II.		•				
			Deposit	Composition					
Currency (USD)									
Coin (USD)									
Cash Total									
Check Total (List Each Check S	Separately Belov	v or Attach C	heck Log)						
VISA/MC/DISC Credit Card To	port)	Merchant ID:	В						
AMEX Credit Card Total (Attach copy of each batch settlement report)					Merchant ID:	Α			
	TOTAL DEPOSIT								
			List of Ch	ecks Deposite	d				
Check Date	Check Nu	ımher		cons Deposite	Remitter's Name			Amount	
CHECK Bute	CHECK NUMBER		Treatment of Training					7 uno une	
Pg 1 Check Subtotal									
Additional Check Log (if used)									
					Total Amount of Checks Li	sted			
Cashier's Use Only:									
				1					
Date: Receipt Number:									