

Amount of Deposit	Checks	
	Wires	
	Cash	
	Coin	
	Total	

- Instructions**
- This form is NOT for Budget Adjustments.
 - Be sure back of check is endorsed and all checks are totaled.
 - Choose your department from the drop down list provided.
 - Ensure the appropriate signatures are on at least 2 copies.
 - Keep one copy for your record and give one copy to the cashier with your deposit.

Department: _____

Fund Name: _____

Deposit #: _____

Fund	Organization	Account	Program	Activity	Item Description	Amount	Sequence #

TOTAL
DEPOSIT

Signatures	
Department Approval:	Date:
Deposited By:	Date:
Received By:	Date:
Posted By:	Date: