



## Departmental Deposit

Date: \_\_\_\_\_

mm/dd/yyyy

Name of Depositor: \_\_\_\_\_

phone \_\_\_\_\_

Department Name: \_\_\_\_\_

To be deposited to the credit of:

Item Code	Fund Description	Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
<b>Total:</b>								

Currency: \$ \_\_\_\_\_

Coins: \$ \_\_\_\_\_

Number of checks: \_\_\_\_\_ Checks: \$ \_\_\_\_\_

**TOTAL DEPOSIT:** \$ \_\_\_\_\_

Signed By: \_\_\_\_\_

Depositor