



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
Total:								

Currency: \$ _____

Coins: \$ _____

Number of checks: _____ Checks: \$ _____

TOTAL DEPOSIT: \$ _____

Signed By: _____

Depositor