

Department Deposits

Dept Name _____ Date _____

Acct Number _____ Amount \$ _____ Project code _____
(complete account number required)

Acct Number _____ Amount \$ _____ Project code _____

Acct Number _____ Amount \$ _____ Project code _____

Acct Number _____ Amount \$ _____ Project code _____

Total Checks \$ _____

Total Cash \$ _____

Total Credit Card charges \$ _____

Grand total \$ _____

Contact person _____ Extension _____

Special instructions:

Include this form with your deposit. Place in an envelope and put envelope in the "Department Deposit" basket.

All information must be complete for processing.

AO 6-9-08 500

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