

Office of Cashiering Deposit Slip

Date: _____

Account Number: _____

Account Name: _____

Description of Deposit: _____

Please Provide Cash Deposit Details →	Bills:		Coins:	
	\$ 100's	\$ _____	\$ 1.00	\$ _____
	\$ 50's	\$ _____	\$.50	\$ _____
	\$ 20's	\$ _____	\$.25	\$ _____
	\$ 10's	\$ _____	\$.10	\$ _____
	\$ 5's	\$ _____	\$.05	\$ _____
	\$ 1's	\$ _____	\$.01	\$ _____

Total Cash \$ _____

Please List Checks Included In Deposit:

Check #	Name	Student ID # (if applicable)	Check Amount	Receipt #
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Total Checks \$ _____

Grand Total Deposit \$ _____

BY Jj YFYX Vm _____ **Return Receipt to**
(Dept. Name/Location) _____

Deposits accepted between 9:00 am and 12 pm and between 3:30 pm and 5:00 pm
Please call the Office of Cashiering at extension 7540 with any questions