

DEPARTMENTAL DEPOSIT SLIP

Department Name:	
Contact Person:	
Phone Extension/MSC:	
Date:	Receipt back? <input type="checkbox"/> YES <input type="checkbox"/> NO

CASH COUNT		
	X 100	\$
	X 50	\$
	X 20	\$
	X 10	\$
	X 5	\$
	X 1	\$
Coin Total:		\$
Cash Total:		

Check total:	\$
Cash total:	\$
Credit card total:	\$
Total deposit:	

Item Description	Account Number	Total
	- - - - -	\$
	- - - - -	\$
	- - - - -	\$
Total Deposit:		

Student Accounts Use Only:

Receipt Number:	Processed By:	Date:
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