DEPARTMENTAL DEPOSIT SLIP

Department Name:	
Contact Person:	
Phone Extension/MSC:	
Date:	Receipt back? ☐ YES ☐ NO

Check total:	$
Cash total:	$
Credit card total:	$
Total deposit:	0

CASH COUNT		
0	X 100	$
	X 50	$
	X 20	$
	X 10	$
	X 5	$
	X 1	$
	Coin Total:	$
	Cash Total:	0

Item Description	Account Number	Total
	__ __ __-__ __ __ __-__ __ __ __	$
	__ __ __-__ __ __ __-__ __ __ __	$
	__ __ __-__ __ __ __-__ __ __ __	$
	Total Deposit:	0

Student Accounts Use Only:

Receipt Number:	Processed By:	Date:

DEPARTMENTAL DEPOSIT SLIP

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Contact Person:	
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Student Accounts Use Only:

Receipt Number:	Processed By:	Date: