



Departmental Deposit Information Form

Department _____ Date _____

Deposit Summary:		Number of Items	Amount
Checks	_____		\$ _____
Cash	_____		\$ _____
Credit Card	_____		\$ _____
Total Deposit:	Batch #: _____		\$ _____

Single deposit account information:

Cost Center _____ Fund Designation _____ Fund Name _____

Functional Classification _____ Revenue Category _____

Split deposit account information:

1. Amount _____ Cost Center _____ Fund Designation _____

Fund Name _____ Functional Classification _____

Revenue Category _____ Activity _____

2. Amount _____ Cost Center _____ Fund Designation _____

Fund Name _____ Functional Classification _____

Revenue Category _____ Activity _____

3. Amount _____ Cost Center _____ Fund Designation _____

Fund Name _____ Functional Classification _____

Revenue Category _____ Activity _____

4. Amount _____ Cost Center _____ Fund Designation _____

Fund Name _____ Functional Classification _____

Revenue Category _____ Activity _____

Staff making the deposit (Print then sign): _____

Staff receiving the deposit (Print then sign): _____