



DEPARTMENTAL DEPOSIT

Date _____

Organization Name _____

Depositor's Name _____ T# _____

Depositor's Email _____ Phone # _____

Description of Deposit _____

Department Head Signature _____

Fund	Org	Account	Program	Activity	Location	Cash Amt.	Check Amt.	B/C Amt.
Totals								

DEPOSIT GRAND TOTAL	
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Cashier's Use Only

Receipt # _____

Cashier _____

Date _____