TEXAS A&M
AGRILIFE

Deposit Form

Receipt dates _____ to _____

Beginning and ending dates of receipts included in deposit

Clear All Fields

Defined by Fiscal Office - no dept entry

Fiscal Reference C

Receipt Number (Ref 2)

Defined by dept - up to 7 characters in length or preprinted deposit slip number for lock box units

Dept. Ref. _____ *(Ref 4)*

Dept. Ref. _____ *(Ref 3)*

Enclosed are monies consisting of:

Checks	$
Cash	$
Other	$
TOTAL	$0.00

Total of Checks

Total of Cash

Total of other instruments Ex: credit cards

Total amount being deposited

For Deposit With:

Department making deposit must select one agency

☐06 Research   ☐07 Extension   ☐20 TVMDL

Department or Unit making deposit

Department/Unit Name

Accounting Analysis	*Amount*	*Description*
	$	
	$	
	$	
	$	
	$	
	$	

6 digit SL plus 5 digit SA plus 4 digit revenue code

Total being deposited for each accounting analysis

Description to be input to FAMIS; any information (up to 35 characters) in this area will be input to FAMIS. Otherwise the department/unit code will be used.

Receipt Number	*Payor/Item*	**Quantity**	**Unit Price**	**Amount**
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			TOTAL	$0.00

Individual receipts & information making up deposit
Quantity & Unit price are optional
May choose to list range of receipts and not itemize each payee
Voided receipts should be listed separately

Total being of all receipts in the deposit
Must match total monies being deposited above

Signed by departmental person completing deposit

Signed & dated when verified by Fiscal

Departmental Approval

Signed: **Original Signature and Date Required**

Date:

Date deposit was completed in department

Deposit Slip Number: _____

Pre-printed deposit slip number

Fiscal Approval

Signed: **Original Signature and Date Required**

Date:

Laserfiche Document: _____

Filename assigned to scanned document in Laserfiche