



### Deposit Form

Fiscal Reference

C

Receipt Number (Ref 2)

Receipt dates \_\_\_\_\_ to \_\_\_\_\_

Dept. Ref. \_\_\_\_\_ (Ref 4)

Dept. Ref. \_\_\_\_\_ (Ref 3)

**Clear All Fields**

**Enclosed are monies consisting of:**

**For Deposit With:**

Checks	\$ _____
Cash	\$ _____
Other	\$ _____
<b>TOTAL</b>	\$ _____

06 Research    07 Extension    20 TVMDL     OTSC

\_\_\_\_\_ **4 Letter department code**

Accounting Analysis			Amount
			\$
			\$
			\$
			\$
			\$
			\$

Description

Receipt Number	Payor/Item	Quantity	Unit Price	Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>				\$

**Departmental Approval**

Signed: \_\_\_\_\_

Original Signature required

Date: \_\_\_\_\_

Deposit Slip Number: \_\_\_\_\_

**Fiscal Approval**

Signed: \_\_\_\_\_

Original Signature required

Date: \_\_\_\_\_

Laserfiche Document: \_\_\_\_\_