

UNIVERSITY ACCOUNTING SERVICES

Deposit Form

Date: _____

Name of Department: _____

Name of Depositor: _____

Please deposit the check(s) into *Chartfield String*:

_____ - _____ - _____ - _____ - _____
_____ - _____ - _____ - _____ - _____

Source of Funds _____

Additional Details

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____

Check the box if you would like a receipt.

Questions?

Call Annie Zhao at extension 3191.