

# UNIVERSITY ACCOUNTING SERVICES

## *Deposit Form (Non-student Deposit)*

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

Name of Department: \_\_\_\_\_

Name of Depositor: \_\_\_\_\_

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Source of Funds/Description (required) \_\_\_\_\_

Additional Details	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

☐ Check the box if you would like a receipt.

**Questions?**  
**Call Carrie Lee at extension 2143.**