NAME OF ORIGINATING DEPARTMENT _____

NAME OF INDIVIDUAL PREPARING DEPOSIT   PHONE NO.   DATE

Customer EID# (if Applicable)	ACCOUNT	SUB ACCOUNT	OBJECT CODE	SUB OBJECT CODE	AMOUNT	DESCRIPTION (or Invoice Number if a payment)			DEPOSIT
								CHECKS	
							C	$100	
							U	$50	
							R	$20	
							R	$10	
							E	$5	
							N C Y	$2	
								$1	
								$1.00	
							C	$0.50	
							O	$0.25	
							I	$0.10	
							N	$0.05	
								$0.01	
					$0.00	< DO THE TWO TOTALS AGREE? >		*AGREE*	$0.00

Delivered By: **Date:**   **Received By:**   **Date:**

Deliver To: Cashier's Office
Administration Building
Room # 204

Note: An individual in the department must count the deposit and a second individual in the department must verify the count is correct.

COUNTED BY: _____   DATE: _____

VERIFIED BY: _____   DATE: _____

Deposit Bag #: _____