



Departmental Receipting Deposit General Form

Dept. Name: _____

Prepared By: _____

Phone number: _____

Deposit Date: _____

How many copies of Official Receipt ____

Departmental Deposit Breakdown:

Cash: \$ _____

Check \$ _____

Credit Card: \$ _____

ID Bucs \$ _____

Total Funds \$ _____

All deposits must be receipted within 72 hours of receiving funds in department.

Receipt Book Receipt # _____ through _____

Index Number	Account Code	Description (What you want on Account)	Amount
-----	-----	-----	\$ _____
-----	-----	-----	\$ _____
-----	-----	-----	\$ _____
-----	-----	-----	\$ _____
-----	-----	-----	\$ _____
-----	-----	-----	\$ _____
725040		ID Bucs/ Minus	\$ (_____)
		Total	\$ _____

If additional lines are needed use additional sheet. Imprinted credit card receipts will be retained and shredded