



DATE:	
DEPARTMENT:	
CONTACT:	
PHONE/MS:	
DEPOSIT BAG #:	
DEPOSIT SLIP SERIAL #:	
RECEIPT #: CS-	
CONTROL TOTAL	
Please enter total!	
SELECT TENDER TYPE	
Please select tender!	

WORKDAY WORKTAGS

DEPOSITS	REVENUE CATEGORY RC_ _ _ _	WORKTAG TYPE	NUMBER #_ _ _ _ _	LINE TOTAL	DESCRIPTION / PURPOSE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
			DEPOSIT TOTAL		

- Please complete a separate form for each tender type and date.
- Check detail - List name, check number, and check amount on second worksheet and include as an attachment.
- **Note:** This form must be used by all departments on campus that receive funds in their respective locations and must deposit those funds with the Cashier's Office as part of the University's Deposit Policy and Procedure.



DATE:

CONTROL TOTAL		TENDER TYPE
	Please enter total!	CHECKS ONLY

CHECK DETAIL

CHECKS	CHECK NUMBER	DOLLAR AMOUNT	NAME ON CHECK	NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
	CHECK TOTAL			