



Revenue Deposit Form Cash/Checks Only

Department Name _____

Date _____

Cash	
Check	
Money Order	
Cashier's Check	
Government Check	
Total	

	Department	Fund Code	Account	Project (if any)	Chartfield (if any)	Amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Name of Person Responsible for Deposit

Phone Number

Locations not using the departmental window, please complete the section below:

Regular Deposits:

Area: _____

Deposit Slip #: _____

Julian Date: _____