



Procedure: Completing a Revenue Deposit Form

Overview: The Revenue Deposit Form (DT118) is submitted to the Office of Student Financial Services for departments who need to deposit revenue into their budget using the University Cashiering System. Revenue deposit forms are submitted to the Cashier's Section in the Office of Student Financial Services with payment and all forms must be completed prior to depositing with the tellers.

I. Completing the Form:

- a. Enter your department name and date in the space provided.
- b. Enter the amount of currency in the appropriate areas. Total amount will automatically be calculated.
- c. Enter the six-digit department number, three-digit fund code, six-digit account number, project ID/chartfields (if necessary) and the corresponding amount to deposit into the particular budget in the space provided.

*NOTE: If there are multiple budgets, please use a different line for each budget and amounts.

- d. Enter name and phone number of person responsible for the deposit.
- e. If you are not depositing directly at the teller window and send payment directly to the bank, you will need to complete the bottom portion of the form.

-Enter the area of deposit that you are assigned by the Accounting Section of Student Financial Services.

*NOTE: Area of deposit number is the five-digit number located on the top portion of deposit stamp.

-Enter the deposit slip number that was used for the bank.

-Enter the Julian Date of the deposit.

II. Submitting the Form:

- a. This form can be submitted in the Office of Student Financial Services located in University Center Building A Room 1500 between the hours of 8:30am-4:30pm.
- b. This form may also be mailed with payment enclosed to:

Office of Student Financial Services
A1500 University Center
282 Champions Way
PO Box 3062394
Tallahassee, FL 32306-2394

*NOTE: No cash allowed if sending deposit by mail.

Please contact Michelle Gaston at 644-9460 or by email at mlanderson@fsu.edu with any questions.



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: _____