



Controller's Office
 Florida State University
ctl-deposits@fsu.edu

Departmental Deposit Form

INSTRUCTIONS: Use this form for Departmental Deposits (expense/travel reimbursements and revenue deposits) processed via cash, check, credit card, and/or EFT/wire. **Complete all required sections and include required backup.** For cash/check deposits, use the "Print Form" button below and include with deposits delivered in person to the secure Drop Box located outside of the Student Business Services office at A1500 University Center. For electronic payments (credit card/ACH/EFT), use the "Email Form" button below. Do not combine cash/check deposits and electronic payments on the same form.

Before you begin: Are you depositing a check(s), **and** is there an auxiliary invoice in OMNI for this payment? If so, you do not need to complete this form; simply submit the check(s) by delivery with remittance information included. All other deposits for revenue and expense should be processed using this form, except employee payroll/salary overpayment reimbursements (*use the **Payroll Reimbursement Form** for this activity*).

Section I. Deposit Summary

Department Name:

Date Prepared:

Preparer Name:

Please fill out the below table for all payment methods and deposit types you are submitting. See the next sections for the backup required in order for your deposit to be processed successfully.

Payment Method			Required Documentation			
Check, Cash, Money Order, Cashier's Check, Traveler's Check			Actual currency (<i>never</i> mail cash; hand-deliver only) & remittance information if applicable			
Credit Card			Credit Card Summary Report ("Settlement Slips")			
A. Deposit Type	B. Deposit Total	C. Payment Method	D. Credit Cards Only, Part 1	E. Credit Cards Only, Part 2:		F. For Checks, enter the total number of checks here:
				Terminal No.	Trans Date	
TOTAL						

Departmental Deposit Form, continued

Section II. Revenue Deposit Detail

In this section, list the total amount you wish to deposit as revenue in each department/fund/account/project/CF combination. Repeat for each combination needed. This form is not needed for check deposits associated with existing auxiliary invoices in OMNI. Complete this section for:

- 1) **Revenue deposits (any payment method) for point of sale items not associated with an auxiliary invoice in OMNI Financials.** The Controller's Office will record these deposits with an AR Direct (ARD) journal using the information provided below.
- 2) **Revenue deposits associated with auxiliary invoices in OMNI Financials, but the customer paid with cash or credit card.** These payments do not come with remittance and are harder to associate with invoices without departmental assistance. The Controller's Office will apply these payments to invoices in OMNI. **Fill out Column A & B only.**

A. Amount	B. Invoice Number/ Item ID (If auxiliary invoice is in OMNI) or desired description for ARD reference	C. Department	D. Fund	E. Account	F. Project	G. CF1	H. CF2	I. CF3
	TOTAL							

Please continue to complete remaining sections as appropriate.

Departmental Deposit Form, continued

Section III. Expense Refund Detail

Complete this section when you are depositing a payment resulting from a travel reimbursement or expense refund. The Controller's Office will record these deposits with an AR Direct (ARD) journal using the information provided below. In order to process the transaction, documentation must contain evidence that the reimbursement is appropriate. Therefore, reference must be made to the original transactions, supported by the associated journal, voucher, or expense report ID. Attach the backup documentation as outlined in this table in order to ensure timely processing.

Expense Refund Type		Required Documentation				Suggested Query			
Expense Reimbursement		AP Journal ID & Voucher ID				FSU_DPT_GL_JRNL_WITH_VCHR			
Travel Reimbursement		Provided EX Journal ID and Expense Report ID				FSU_DPT_GL_JRNL_WITH_EXP_SHEET			
Payroll Reimbursement		Use the Payroll Reimbursements Form to complete Payroll Reimbursements							
A. Expense Refund Type	B. Amount	C. Department	D. Fund	E. Project	F. Account	G. CF 1	H. CF 2	I. CF 3	Original Trans Ref. (eg., Journal ID, ER, Voucher)
TOTAL									

Section IV. Deposit Reconciliation

The Deposit Summary total must equal the Deposit Totals entered in Sections II and III. Review data entry if the Deposit Summary does not equal the Deposit Totals.

Total Entered in Section I	Total Entered in Section II	Total Entered in Section III	Sum of Sections II & III	Does Deposit Summary equal Deposit Detail?