

Section I. Deposit Summary

Department Name:

Controller's Office Florida State University

Departmental Deposit Form

Deposit Accounting 6300 University Center A 282 Champions Way Tallahassee, FL 32306-2391 CTL-Deposits@fsu.edu

The purpose of this form is to record Departmental Deposits (revenue deposits and/or expense/travel reimbursements) processed via cash, check, money order, or credit card. For cash, check, and money order deposits, use the "Print Form" button below and include it with deposits delivered in person to the secure drop box located outside of the Student Business Services office at A1500 University Center. For credit card deposits and deposits made via courier, use the "Email Form" button below. Do not combine cash/ check deposits and electronic payments on the same form. Please complete all required sections and include the required supporting documentation for each deposit. This form is not needed when making deposits associated with existing auxiliary invoices in OMNI Financials. These deposits can be delivered to the secure drop box located outside of the Student Business Services office at A1500 University Center accompanied with a copy of the invoice or invoice number reference. This form is also not used to record revenue deposits for the FSU Foundation, FSU Research Foundation, or Sponsored Research Administration.

Department Name:		Date Prepared:		Prepare	r Name:			
Pay (Must be US C	Required Documentation							
Check, Cash, Money Order, Cashier's		For Currency (<u>never</u> mail cash; hand-deliver only): Remittance information and deposit slip, (if possible)						
Credit Card			For Credit Car	rd: Summary Re	port (Batch Settler	nent Slips)		
Deposit Type Deposit	Total	Payment Method	Credit C	ards Only	Credit Card Terminal No.	Transaction Date	Enter total number of checks here:	
TOTAL								

Departmental Deposit Form, continued

In this section, list the total amount to deposit as revenue in each department/fund/account/project/CF combination. The Controller's Office will record these deposits with an AR Direct (ARD) journal using the information provided below. Repeat for each combination needed.

Departments can validate the posting of deposit information by running OMNI FI query FSU_DPT_DIRECT_JRNL_DEPOSIT.

Amount	ARD Line Description (Desired Description for ARD Reference)	Department	Fund	Account	Project	CF1	CF2	CF3
	TOTAL							

Departmental Deposit Form, continued

Section III. Deposit Detail - Expense Refunds & Reimbursements

This section should be completed for deposits resulting from an expense refund, expense reimbursement, travel reimbursement, or a cash advance refund. The Controller's Office will record these deposits with an AR Direct (ARD) journal using the information provided below. In order to appropriately record the deposit, 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 Deposit Type	Required Documentation	Suggested OMNI FI Query		
Expense Refund	AP Journal ID & Voucher ID	FSU_DPT_GL_JRNL_WITH_VCHR		
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		
Cash Advance Refund	EMPLID, Open Item ID, and/or Voucher ID	FSU_DPT_AP_OPEN_ITEMS		

Expense Deposit Type	Amount	Department	Fund	Project	Account	CF 1	CF 2	CF 3	Original Trans. Ref (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	Does Deposit Summary equal Deposit Detail?