DEPOSIT SLIP - Business Office

Required at time of submission:

<table>
<thead>
<tr>
<th>Fund #</th>
<th>Organization #</th>
<th>Account #</th>
<th>Program #</th>
</tr>
</thead>
</table>

Date: ______________________

Organization/Dept Name: ____________________________________________

$ ___________________________ Receipt Description (30 char max)

Send Receipt To: _____________________________ Address: _____________________________

Cashier Initials: _____________________________ Receipt #: _____________________________

Common Deposit Account Codes:

Revenue:
- Agency Fund “8” 55000 Fees: Matriculation 51014
- Dept Sales & Services 53000 Transcript 51015
- Miscellaneous 55024 Commencement 51016
- Parking Fines 51008 Vehicle Reg 51007 Restricted Student 52000

Re-imbursement of Expenses:
- Advertising: 72003 Fees: Dues/Subscript/License 72113
- Duplicating: 72002 Program/Workshop Fees 72108
- Food: 71003 Other fees 72109
- Freight & Express: 73007 Printing 72001
- Postage: 73000 Supplies 71000
- Restricted Student: 52000 Long Dist Telephone 73002

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