



Required at time of submission:

Fund # Organization # Account # Program #

DEPOSIT SLIP - Business Office

Date: _____

Organization/Dept Name: _____

\$ _____ Amount of Deposit Receipt Description (30 char max)

Send Receipt To: _____ Address: _____

Cashier Initials: _____ Receipt #: _____

Common Deposit Account Codes:

Table with columns: Revenue, Fees, Re-imbursement of Expenses, Advertising, Duplicating, Food, Freight & Express, Postage, Printing, Supplies, Long Dist Telephone. Includes codes like 55000, 53000, 55024, 51008, 51014, 51015, 51016, 51007, 52000, 72003, 72002, 71003, 73007, 73000, 72113, 72108, 72109, 72001, 71000, 73002.



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