Please insert Department logo/letterhead
including contact phone number

WHEN CROSSING YEARS:
  PLEASE INCLUDE YEAR DEPOSIT
  SHOULD BE APPLIED TO:

DEPT & ACCOUNT # i.e. 1310-41230	DESCRIPTION/REASON FOR DEPOSIT	DEPOSIT AMOUNT	PAYMENT TYPE CASH OR CHECK #	VENDOR/PAY0R

** DATE: _____

** Must be delivered to the Finance Office on or before the <u>tenth day of the month</u>
        following the month in which receipts occurred.
** Year end deposits should be delivered by noon on the last working day of the year.

EMAIL RECEIPT TO: _____

DEPOSIT REQUESTED BY: _____