

## DEPOSIT TRANSMITTAL FORM

Date: \_\_\_\_\_ Department Name: \_\_\_\_\_  
 Contact/EMPLID: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Source of Funds: \_\_\_\_\_

Students Faculty/Staff Public Vendor Other \_\_\_\_\_

The funds enclosed with this transmittal are to be deposited to the following chartfield(s):

Account	Fund	Dept ID	Program	Project	Class	Speed Type	Amount
						OR	
						OR	
						OR	
						OR	

**Departments collecting cash and cash equivalents must be an approved Campus Cash Collection Point (CCCP).**

1. If your cash or cash equivalents require posting to individual students' accounts, complete page 2 or attach spreadsheet with required data as shown on page 2. The dollar amount on the document must equal the total shown in Box 1.

2. Currency and coin must be listed in the box provided and is subject to verification.

3. A tape listing of all individual check amounts must be included and indicate the total dollar value of the checks.

4. The totals from the "total amount to be applied" box and the "total amount in deposit" box must be equal. If, after verification, there is a difference, the received cash and cash equivalents will be deposited as verified. The department will be responsible for identifying and reconciling the difference.

Attached document total <sup>1</sup>

**Total amount to be applied** <sup>4</sup>

Total currency and coin <sup>2</sup>

Total cash equivalents <sup>3</sup>

**Total amount in deposit** <sup>4</sup>  

**This deposit has been verified and submitted by the following 2 individuals (3<sup>rd</sup> is optional):**

The department has kept copies of necessary documents to reconcile the deposit. We understand that all transmittals are subject to verification by Student Financial Services (SFS) Cashier's Office.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Received by SFS Cashier:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verified by SFS Cashier:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

