UNIVERSITY OF NORTH TEXAS®

Deposit Form

Dept Name/Deposit Description _____ **Date** _____

(limited to 30 characters)

Item Description	GL Bus. Unit	Account	Org. Dept.	Fund Category	Fund	Function*	Project*	Program*	Purpose*	Site*	Amount
							TOTAL	0.00			

**** Indicates field is conditional and may not apply to every transaction.***

Currency (by dollar amount)

$100.00	
$50.00	
$20.00	
$10.00	
$5.00	
$2.00	
$1.00	
Total:	$ 0.00

Coins

$1.00	
$0.50	
$0.25	
$0.10	
$0.05	
$0.01	
Total	$ 0.00

Amount

Cash**	0.00	Enter# of checks below
Checks**	0.00	
Grand Total	0.00	0.00

Please provide a contact phone number below (Phone Ext.) for any questions the Cashier's Office may have regarding this deposit.
By signing below, I certify that the above deposit has been examined and verified.

Prepared By (PRINT) Phone Ext Signature

Verified By (PRINT) Phone Ext Signature

Distribution: **Cashier's will keep this copy.**
Bring extras for departmental records if needed.

****10-KEY TAPE OR SPREADSHEET LISTING OF CASH AND CHECKS MUST BE ATTACHED**

Cashier Use ONLY

Received By (not processed) _____

Date Received _____

Date Processed _____

Cashier _____

Receipt # _____