Departmental Deposit Form

Date: _____

Cash	
Checks	
Credit Cards	
Web CC	
ACH	
Total	$0.00

Department: _____

Account Manager: _____

Prepared by: _____ Contact number: _____

	Bank	General Ledger	Cost Center	Fund	Internal Order*	Description (up to 25 chtrs)	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							

Note: Funds deposited into the accounts above may not be available for use until 1 to 2 business days after the deposit.

Total Deposit $0.00

*Note: Internal Order is required in certain cases.