

Deposit Form

Deposits with missing data will be returned

Prepared By:

Date Prepared:

Phone:

Receipt Date	Department	Account	Payment Method	Doc #	Amount	Restriction	Description(Limit 45 Characters)

Deposit Total:	
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Cash:	
Checks:	
No. of Checks:	
TOTAL:	

Comments:

Employee Signature: _____ Date

Auhtorizer Signature _____ Date