

Business Office Departmental Deposit Worksheet

Department/ Organization Name _____ Date _____

Fund: _____ Organization: _____ Account: _____ Program: _____

Description _____
(donations, entry fees, ticket sales, etc.)

| Currency | |
|-----------------------|--------|
| Bills | Amount |
| \$100 Bills | _____ |
| \$50 Bills | _____ |
| \$20 Bills | _____ |
| \$10 Bills | _____ |
| \$5 Bills | _____ |
| \$1 Bills | _____ |
| Total Bills | _____ |
| Coins | |
| Quarters | _____ |
| Dimes | _____ |
| Nickels | _____ |
| Pennies | _____ |
| Total Coins | _____ |
| Total Currency | _____ |

| Checks | | |
|---------------------|-------|--------|
| Check No. | Payor | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Checks | | _____ |

Total Deposit _____
(Total Currency PLUS Total Checks)

| Credit Cards | | | | |
|---------------------------|------------------|-----------------|---------------|--------|
| Name on Credit Card | Credit Card Type | Expiration Date | Security Code | Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Credit Cards | | | | _____ |

Total _____

I acknowledge that the deposit, including credit card activity, is intact and correct. (Total deposit PLUS Total Credit cards)

Print Name _____ Signature _____ Date _____ Phone Number _____

| | |
|----------------------------------|--------------|
| *** Business Office Use Only *** | |
| Receipt No.: | Deposit No.: |
| Cashier Signature: | Date: |



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