

# Deposit Form

Check Amount: \_\_\_\_\_

Cost Center and Object Code: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Student Name and ID#: \_\_\_\_\_

Description: \_\_\_\_\_

Who is the check from (Payee)? \_\_\_\_\_

Funds received from (employee & dept): \_\_\_\_\_

Signature and date: \_\_\_\_\_

Date Received by Business Office: \_\_\_\_\_