

# Deposit Form

(Fill in all appropriate areas)

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

Cost Center (Program): \_\_\_\_\_

Object Code (Spend Category): \_\_\_\_\_

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: \_\_\_\_\_