

UNIVERSITY OF SOUTH ALABAMA
DEPARTMENTAL DEPOSIT FORM

DEPARTMENT: _____

DATE: _____

<u>AMOUNT</u>	<u>FUND-ORG-ACCOUNT-PROGRAM-ACTIVITY</u>	<u>DESCRIPTION</u>
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\$ _____ CASH

\$ _____ CHECKS # _____

\$ _____ VISA/MC

\$ _____ AMEX

\$ _____ DISCOVER

\$ _____ TOTAL DEPOSIT

**STUDENT ACCOUNTING
USE ONLY**

PAYFILE: _____

RECEIPT NUMBER: _____

CASHIER: _____

PLEASE RETURN _____ RECEIPTS TO: _____

PHONE: _____