

DEPARTMENTAL DEPOSIT FORM

Department ID:

Department Name:

1. Payment Source: _____

Index or fund and account: _____

Description: _____

Amount: _____

2. Payment Source: _____

Index or fund and account: _____

Description: _____

Amount: _____

3. Payment Source: _____

Index or fund and account: _____

Description: _____

Amount: _____

4. Payment Source: _____

Index or fund and account: _____

Description: _____

Amount: _____

5. Payment Source: _____

Index or fund and account: _____

Description: _____

Amount: _____

6. Payment Source: _____

Index or fund and account: _____

Description: _____

Amount: _____

Total Department Deposit

| PAYMENT TYPES | |
|---|--|
| Cash | |
| Checks, Money Orders, Traveler's Checks | |
| Credit Card | |
| TOTAL Payments | |

Prepared By:

Date:

Phone:

Email Address:

Please email a receipt.