

# UNT | HEALTH SCIENCE CENTER

Deposit Form

Page \_\_\_ Of \_\_\_

Department Name: \_\_\_\_\_

Date \_\_\_\_\_

Item Description	GL Bus. Unit	Account	Org. Dept.	Fund Category	Fund	Function*	Project*	Program*	Purpose*	Site*	Amount
<b>TOTAL</b>											

\* Indicates field is conditional and may not apply to every transaction.

**Currency (by dollar amount)**

- \$100.00 \_\_\_\_\_
- \$50.00 \_\_\_\_\_
- \$20.00 \_\_\_\_\_
- \$10.00 \_\_\_\_\_
- \$5.00 \_\_\_\_\_
- \$2.00 \_\_\_\_\_
- \$1.00 \_\_\_\_\_

Total: \_\_\_\_\_

**Coins**

- \$1.00 \_\_\_\_\_
- \$0.50 \_\_\_\_\_
- \$0.25 \_\_\_\_\_
- \$0.10 \_\_\_\_\_
- \$0.05 \_\_\_\_\_
- \$0.01 \_\_\_\_\_
- Total \_\_\_\_\_

**Amount**

Cash**		<small>Enter# of checks below</small>
Checks**		
<b>Grand Total</b>		

Please provide a contact phone number below ( Phone Ext. ) for any questions the Cashier's Office may have regarding this deposit. By signing below, I certify that the above deposit has been examined and verified.

Prepared By (PRINT) \_\_\_\_\_ Phone Ext \_\_\_\_\_ Signature \_\_\_\_\_

Verified By (PRINT) \_\_\_\_\_ Phone Ext \_\_\_\_\_ Signature \_\_\_\_\_

**Distribution:** Cashier's will keep this copy.  
Bring extras for departmental records if needed.  
**\*\*10-KEY TAPE OR SPREADSHEET LISTING OF CASH AND CHECKS MUST BE ATTACHED**

**Cashier Use ONLY**

Received By (not processed) \_\_\_\_\_

Date Received \_\_\_\_\_

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Date Processed \_\_\_\_\_

Cashier \_\_\_\_\_

Receipt # \_\_\_\_\_