Deposit Slip

University of Massachusetts

☐ Receipt requested

(please include return envelope)

Depositor: Must fill out name/address and tender sections, as well as speed type,account,fund,dept ID,project-grant. Fill in GL unit only when other than Amherst. Fill in class when applicable.

Submitted By: _____

Address/Dept: _____

_____

Contact Phone : _____

Tender breakdown

Cash

Checks

Credit Card

Date Submitted: _____

Log #: _____

Accountant: _____

Important: Must put speed type and account on the face of all checks

(5)		(6)	(6)	(5)	(10)	(15)		(4)		(25)
GL Unit		**Speed Type**	**Account**	**Fund**	**Dept ID**	**Project/Grant**		**Class**	**Amount**	**Description(25 characters) - only one per deposit slip**

TOTAL DEPOSIT: $ -

For Bursar's Use Only

JRNL Source: _____

Approved By: _____

Mail Copy To: _____

Original to Bursar

Copy for Originator's File