UNIVERSITY OF SOUTH ALABAMA
DEPARTMENTAL DEPOSIT FORM

DEPARTMENT: _____

DATE: _____

AMOUNT	FUND-ORG-ACCOUNT-PROGRAM-ACTIVITY	DESCRIPTION
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____
_____	_ _ _ _	_____

$ _____ CASH

$ _____ CHECKS # _____

$ _____ VISA/MC

$ _____ AMEX

$ _____ DISCOVER

$ _____ TOTAL DEPOSIT

STUDENT ACCOUNTING USE ONLY

PAYFILE: _____

RECEIPT NUMBER: _____

CASHIER: _____

PLEASE RETURN _____ RECEIPTS TO: _____

_____

PHONE: _____