

## DEPOSIT FORM - Cash/Checks

Cash/check:							
Department Name:	*******************************						
Person Making Dep	osit:		<del>-</del>				
Workday Chartfield		Ledger Account	Revenue Catagory	Fund	Cost Center	NACUBO	
					Amount \$		
Description:							
Check Number (IF A	APPLICABLE)	······································					
PAYOR							
Cash/check: Department Name:							
Person making depo	osit:						
Workday Chartfield	l: Driver Worktag Led (USource/Grant/Gift/ Project)	ger Account	Revenue Catagory	Fund	Cost Center	NACUBO	
				Amount \$			
Description:							
Check Number (IF A	APPLICABLE)						
PAYOR							
				Total Deposit Amount \$			
Completed for	orms should be sent t	o mgosnell@	<mark>ubalt.edu or</mark>	zzhou@ub	alt.edu prior to	deposit.	

Date: \_\_\_\_\_

**Comptroller's Office Approval:**