



Departmental Deposit Slip

Submit completed form with cash and/or checks to the Business Office

Deposited By: _____

Date: _____

Department: _____

Extension: _____

Description: _____

List below the exact accounting information to credit the deposit*:

Account	Fund	Department	Program	My Ref
XXXXX	XX	XXXXX	XXXXX	XX

Amount

Total

Cash/Coin

Checks

Total

- * Completion of Acct-Fund-Dept-Program in their entirety is required for processing
- * Receipts or other supporting documentation should be attached to this form
- * Please allow 3-5 business days for processing
- * For questions about completing the accounting information on this form contact the Business Office, BusinessOffice@hws.edu