



DEPARTMENT DEPOSIT REPORT

Please use this form when sending cash or cheques to the Cashiers' Office

Send To: Cashiers' Office 138 University Centre

DEPARTMENT: _____

Deposit Date: _____

Specify UM Bank Account: (One Bank Account per form) GENERAL (CDN) TRUST US

Deposit Information

Brief description: eg. T-shirt sales; Conference registration, Dr. Smith Cell recovery Dec 13)

Amount

Blank lines for deposit information and amount

Payment of invoice issued in FAST AR (Indicate Invoice Number)

INV # lines

Deposit Total

Deposit Details

Cash

Cheques (no. of cheques) _____

Amount

Deposit Total

FOAP Distribution of Misc. Items

Form with fields: Deposit Prepared By, Contact Name, Telephone, Signature of Depositor

Table with columns: Fund, Org, Acct, Prog, Amount. Rows for GST, PST, HST.

Financial Services use only: Payfile number, Signature of Financial Services Cashier, Signature of Receipt Control Clerk

Subtotal Invoice Payments Deposit Total