



# 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)	<input type="text"/>
	TRUST	<input type="text"/>
	US	<input type="text"/>

### Deposit Information

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

Amount

_____	_____
_____	_____
_____	_____

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

INV # \_\_\_\_\_

INV # \_\_\_\_\_

INV # \_\_\_\_\_

Deposit Total

### Deposit Details

Amount

Cash

Cheques (no. of cheques) \_\_\_\_\_

Deposit Total

### FOAP Distribution of Misc. Items

Deposit Prepared By:	
Contact Name:	
Telephone:	
Signature of Depositor:	

	Fund	Org	Acct	Prog	Amount
GST	110000		210462		
PST	110000		210551		
HST	110000		210600		

#### Financial Services use only:

Payfile number: _____
Signature of Financial Services Cashier
Signature of Receipt Control Clerk

Subtotal \_\_\_\_\_

Invoice Payments \_\_\_\_\_

Deposit Total \_\_\_\_\_