FORM INSTRUCTIONS

RESET FORM

UNIVERSITY OF MANITOBA

DEPARTMENT DEPOSIT REPORT

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

Send To:
Cashiers' Office
138 University Centre
OR
P001 Pathology Bldg.

DEPARTMENT: _____

Deposit Date: _____

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

Deposit Information

Amount

Miscellaneous Items (brief description: eg. T-shirt sales; conference fees)

_____ _____

_____ _____

_____ _____

Payment of invoice issued from AURORA (FYAINVO)
(Indicate Invoice Number)

INV # _____ _____

INV # _____ _____

INV # _____ _____

Deposit Total $ 0.00

Deposit Details

Amount

Cash _____

Cheques (no. of cheques_____) _____

Deposit Total $ 0.00

Deposit Prepared By: _____

Contact Name: _____

Telephone: _____

Signature of Depositor: _____

Financial Services use only:

Payfile number: _____

Signature of Financial Services Cashier _____

Signature of Receipt Control Clerk _____

FOAP Distribution of Misc. Items

Fund	Orgn	Acct	Prog	Amount

Subtotal $ 0.00

Invoice Payments _____ $ _____

_____ $ _____

_____ $ _____

Deposit Total $ 0.00