Received by: __________ **Date:** ______

East Texas A&M University
DEPARTMENTAL DEPOSIT WORKSHEET

Date: ____________________

Department: ____

Person Preparing Deposit: ______________________________ **Phone:** ____________________

ACCOUNT NUMBERS:

X Box if reduction of expenditure

☐	____________	__________	________	$____________
	(6 digits)	*(5 digits)*	*(4 digits)*	*(amount)*
☐	____________	__________	________	$____________
	(6 digits)	*(5 digits)*	*(4 digits)*	*(amount)*
☐	____________	__________	________	$____________
	(6 digits)	*(5 digits)*	*(4 digits)*	*(amount)*
☐	____________	__________	________	$____________
	(6 digits)	*(5 digits)*	*(4 digits)*	*(amount)*
☐	____________	__________	________	$____________
	(6 digits)	*(5 digits)*	*(4 digits)*	*(amount)*
☐	____________	__________	________	$____________
	(6 digits)	*(5 digits)*	*(4 digits)*	*(amount)*

Cash $________________

Checks, money orders $________________

Credit cards $________________

Cash returned (if any) $________________

DEPOSIT TOTAL $________________

Deposit Information (receipt numbers, cash short/over, etc.)

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____

VERIFIED & DEPOSITED BY FINANCIALSERVICES OFFICE

Cashier Initials: ____________________

Cash Receipt Number: ____________________

Date: ____________________

This standardized departmental deposit worksheet is required with all deposits.

Please attach any additional supporting information to be retained for audit purposes.