

# East Texas A&M University DEPARTMENTAL DEPOSIT WORKSHEET

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Person Preparing Deposit: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACCOUNT NUMBERS:**

X Box if  
reduction of  
expenditure

<input type="checkbox"/>	<i>(6 digits)</i>	<i>(5 digits)</i>	<i>(4 digits)</i>	\$ _____ <i>(amount)</i>
<input type="checkbox"/>	<i>(6 digits)</i>	<i>(5 digits)</i>	<i>(4 digits)</i>	\$ _____ <i>(amount)</i>
<input type="checkbox"/>	<i>(6 digits)</i>	<i>(5 digits)</i>	<i>(4 digits)</i>	\$ _____ <i>(amount)</i>
<input type="checkbox"/>	<i>(6 digits)</i>	<i>(5 digits)</i>	<i>(4 digits)</i>	\$ _____ <i>(amount)</i>
<input type="checkbox"/>	<i>(6 digits)</i>	<i>(5 digits)</i>	<i>(4 digits)</i>	\$ _____ <i>(amount)</i>
<input type="checkbox"/>	<i>(6 digits)</i>	<i>(5 digits)</i>	<i>(4 digits)</i>	\$ _____ <i>(amount)</i>

Cash	\$	
Checks, money orders	\$	
Credit cards	\$	
Cash returned (if any)	\$	
<b>DEPOSIT TOTAL</b>	<b>\$</b>	

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.**