

VIRGINIA COMMONWEALTH UNIVERSITY Deposit/Receipt Form

Date Prepared:

06/06/11

Last Revised 04/22/2010

1 Select Deposit Type		For Cashiers' Use Only
Sponsored Programs		Received By:
		Receipt #:
		Chart: 1
Sponsored Programs only: a copy of this form and check(s) must be sent to Grants & Contracts Acctg., PO Box 843039. Sponsors should mail all funds directly to Grants & Contracts Acctg.		

2 Enter Deposit Summary Information		Amount				Total Deposit
Currency	\$	-				\$ -
Coin	\$	-				\$ -
Checks	\$	-				\$ -
Total Deposit Summary	\$	-	Total Debit			\$ -

Description of Deposit:

3 Enter Deposit Detail Information						
Banner Index	Description (30 Characters)	Amount	Fund	Organization (6 digits)	Account (6 digits)	Program (4 digits)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total Deposit Detail		-				

4. Signature				
				6/6/11
Preparer Signature	Department	Phone #	Box #	Date
				6/6/11
Approver Signature	Department	Phone #	Box #	Date

Complete the form, attach supporting documentation and the cash/check(s) being deposited. Cash must be submitted in person to the Cashiers' Office at 1015 Floyd Ave, 1st floor or at the Nelson Clinic Wachovia branch office. Retain Copy for your Records. (This form should not be used by departments utilizing direct deposit procedures.)