

## Required at time of submission:

		F	·una #	Organization #		Accour	nt#Program#	i
<u>EPOSIT SLIP</u> - E	Business (	Office						
				Date	:			
Organization/Dept N	lame:							
Amount of Depo	sit			Receipt Descriptio	n (30 ch	armax	)	
Send Receipt To:				Address	:			
Cashier Initials:				Receipt	#:			
		Comn	non Dep	osit Account Codes	<u>s:</u>			
Revenue:				Re-imbursement of E	xpenses:			
Agency Fund "8"	55000 <b>Fees</b> :	Matriculation	51014	Advertising:	72003	Fees:	Dues/Subscrip/License	72113
Dept Sales & Services Miscellaneous	53000	Transcript	51015	Duplicating Food	72002		Program/Workshop Fees Other fees	72108
Parking Fines	55024 51008	Commencement Vehicle Reg	51016 51007	Freight & Express	71003 73007	Printin		72109 72001
raiking rines	31008	Restricted Student		Postage	73007	Suppli	~	71000
				-		Long E	Dist Telephone	73002
M	<i>ISSOUK</i>	R/DA/	equired a	at time of submissio	on:			
ZEQ E	) I EK	F	und#	Organization #	<u> </u>	Accour	nt # Program #	<del>_</del>



## **DEPOSIT SLIP** - Business Office

Organization/Dept Name:		
п		
Amount of Deposit	Receipt Description (30 char max)	
Sand Bassint To:	Addross:	

Cashier Initials: \_\_\_\_\_\_Receipt #: \_\_\_\_\_

## **Common Deposit Account Codes:**

Revenue:				Re-imbursement of Expenses:				
Agency Fund "8"	55000 Fees:	Matriculation	51014	Advertising:	72003	Fees: Dues/Subscrip/License	72113	
Dept Sales & Services	53000	Transcript	51015	Duplicating	72002	Program/Workshop Fees	72108	
Miscellaneous	55024	Commencement	51016	Food	71003	Other fees	72109	
Parking Fines	51008	Vehicle Reg	51007	Freight & Express	73007	Printing	72001	
		Restricted Student	52000	Postage	73000	Supplies	71000	
						Long Dist Telephone	73002	