MISSOURI WESTERN

Required at time of submission:

Fund #	Organization #	Account #	Program #

DEPOSIT SLIP - Business Office

Date: _____

Organization/Dept Name: _____

"

Amount of Deposit	Receipt Description (30 char max)

Send Receipt To: _____ Address: _____

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

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