

Departmental Deposit Form To be deposited in AU Operating Account 5004307989

Date:

Email:

Depositor Name (Print):

Department	Description	GL Account		Cash Amount	Check Amount
Name	(For example: check number, explanation of deposit, payer name, vendor name, etc)	Must include Fund, Unit and Object Code			
	Total	*	-	\$ -	\$ -
Depositor Signature:					
Campus Phone Number:			_		

Complete all appropriate cells for each deposit line item. GL accounts must be completed in the following format XX-XXXXX-XXXXX with Fund, Unit, Object, and Project codes populated. Incomplete forms will not be accepted. Forms must be completed electronically, printed, then signed by the depositor. Teller will attach a copy of the bank deposit slip to this form and drop in the Departmental Deposit drop box.