DEPOSIT SLIP

University of Wisconsin Oshkosh

Name of Department: _____

Dept. Number ___ ___ ___ - ___ ___ ___ ___ ___ ___ - ___ Account# ___ ___ ___ ___
FUND ORG PROG

Source of Revenue: _____

Receipt # ___ ___ ___ ___ ___ through ___ ___ ___ ___ ___
or

Cash Register Trans # and/or Date _____ through _____

Gross Taxable Receipts $_____
Gross Tax Exempt Receipts $_____
Total Receipts $_____

Deposit in form of:

Coin $_____
Currency $_____
Checks $_____
Credit Cards $_____
TOTAL DEPOSIT $_____

NET DEPOSIT $_____ Cash Code ___ ___ ___

Cash Over/(Short) $_____

Prepared by _____ Phone # _____ Date _____

Received by _____ Date _____

To be presented to cashier in duplicate