

# RENSELAER Deposit Transmittal

DATE: \_\_\_\_\_

TO: Cashier's Office

FROM: \_\_\_\_\_  
(Organization)

RE: Deposit of Enclosed Receipts

**CASH** Total Cash \$ \_\_\_\_\_

**CHECKS**

	<u>Date</u>	<u>Name of Maker</u>	<u>Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
			Total Checks \$ _____

SS# (if applicable) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Total Deposit \$ \_\_\_\_\_

Deposit to: \_\_\_\_\_  

Fund
Organization
Account
Program
Activity
Location

**EXPLANATION**

\_\_\_\_\_  
Authorized Signature Date

FOAPAL	
Fund	Funding source (6 char)
Organization	Organization code (4 char)
Account	Expense or revenue (3 char)
Program	Required
Activity	Required
Location	Optional/campus location