

RENSELAER Deposit Transmittal

DATE: _____

TO: Cashier's Office

FROM: _____
(Organization)

RE: Deposit of Enclosed Receipts

CASH Total Cash \$ _____

CHECKS

	Date	Name of Maker	Amount
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

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

Authorized Signature Date