ST. CLOUD STATE
UNIVERSITY

DEPOSIT SHEET

Account/Department Name _____

Cost Center & Object Code _____

Date _____

	Amount
Currency	
Coin	
Checks *(list by name or provide calculator tape)* *(Endorse back of each check if stamp is available):*	
Total Deposit	

CURRENCY BREAKDOWN		BREAKDOWN TOTAL
Ones	_____	_____
Fives	_____	_____
Tens	_____	_____
Twenties	_____	_____
Fifties	_____	_____
Hundreds	_____	_____
Total Currency		_____

Contact Person _____

Phone # _____

Bldg and room # _____

Business Office Personnel

Received by: _____ *Date Received* _____

Receipted by: _____ *Date receipted* _____