

Only highlighted items are required.



Deposit Form

Fiscal Reference

C

Receipt Number (Ref 2)

Receipt dates _____ to _____
Type Receipt Dates Here

Dept. Ref. _____ (Ref 4)

Dept. Ref. _____ (Ref 3)

Clear All Fields

Enclosed are monies consisting of:

For Deposit With:

06 Research 07 Extension 20 TVMDL

Checks	\$100.00
Cash	\$
Other	\$
TOTAL	\$100.00

DS12

4 Letter department code

Accounting Analysis			Amount
282100	00000		\$100.00
<i>Must include your workshop account #</i>			\$
			\$
			\$
			\$
			\$

Description
Your Event Name
and Event Date(s)

Receipt Number	Payor/Item	Quantity	Unit Price	Amount
144517-144526	Event Participant Names	10.00	\$10.00	\$100.00
<i>You may list a range of receipts as indicated above or list individually.</i>			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL				\$100.00

Departmental Approval

Fiscal Approval

Original signature required by CEA conducting event.

Signed:

Date:

Original Signature and Date
Required

Signed:

Date:

Original Signature and Date
Required

Deposit Slip Number: _____

Laserfiche Document: _____