

**CASH DEPOSIT TRANSMITTAL FORM**

Send to: Cashier, D-501  
Office of the Controller  
135 East 22nd Street

Date:

From:

Telephone ext. :

Credit to the account of

(Name of the activity or account.)

All deposits must be consistent with this account's purpose and accompanied by documentation, i.e. a contract or an executed or written approval, authorizing the collection of funds.

ITEM	DESCRIPTION - LIST EACH ITEM SEPARATELY Please write the account number on the face of all checks.	AMOUNT
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
<b>Total</b>		<input type="text"/>

**CURRENCY VALIDATION**

BILLS		
QUANTITY	DENOMINATION	AMOUNT
<input type="text"/>	X \$100	<input type="text"/>
<input type="text"/>	X \$ 50	<input type="text"/>
<input type="text"/>	X \$ 20	<input type="text"/>
<input type="text"/>	X \$ 10	<input type="text"/>
<input type="text"/>	X \$ 5	<input type="text"/>
<input type="text"/>	X \$ 1	<input type="text"/>
Sub-total		<input type="text"/>

COINS		
QUANTITY	DENOMINATION	AMOUNT
<input type="text"/>	X \$1	<input type="text"/>
<input type="text"/>	X .50 cents	<input type="text"/>
<input type="text"/>	X .25 cents	<input type="text"/>
<input type="text"/>	X .10 cents	<input type="text"/>
<input type="text"/>	X .05 cents	<input type="text"/>
<input type="text"/>	X .01 cents	<input type="text"/>
Sub-total		<input type="text"/>
Currency Total		<input type="text"/>

(CONTROLLER'S OFFICE USE)	
Received by _____	Date _____
Reviewed by _____	Date _____
Deposit prepared by _____	Amount _____
Account number _____	Date deposited _____
Posted by _____	