

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"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

(CONTROLLER'S OFFICE USE)

Received by _____ Date _____

Reviewed by _____ Date _____

Deposit prepared by _____ Amount _____

Account number _____ Date deposited _____

Posted by _____