

WASHTENAW COMMUNITY COLLEGE

DEPOSIT SLIP

Event/Reason for Deposit: _____

Department: _____

CASH: _____

CHECKS: _____

TOTAL DEPOSIT: \$ _____

FOAPAL: _____ - _____ - _____ - _____ - _____

FUND

ORG

ACCOUNT

PROG

ACTIVITY

TURNED IN TO WCC CASHIER BY: _____

PRINT NAME

CAMPUS PHONE#: _____ DATE: _____

***If you require a copy of the receipt, **PLEASE MAKE A DUPLICATE** so the cashier can sign & date the copy.

Notes: _____

BUDGET OFFICE SIGNATURE: _____ DATE: _____

(If depositing a p-card reimbursement)

Cashier: _____

Deposit Date Received: _____