



# Department Deposit

Date: \_\_\_\_\_  
 Date Money was received: \_\_\_\_\_ Fiscal Year in which the Goods/Services were provided to the Customer: \_\_\_\_\_  
 Department Name: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_  
 Department Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description	Amount

Calculated Description Total: \_\_\_\_\_

### Cash Denominations/Check Totals

Paper Currency	Quantity	Calculated Sum
\$100		\$
\$50		\$
\$20		\$
\$10		\$
\$5		\$
\$2		\$
\$1		\$

  

Coins	Quantity	Calculated Sum
\$1.00		\$
\$.50		\$
\$.25		\$
\$.10		\$
\$.05		\$
\$.01		\$

Calculated Cash Total: \$ \_\_\_\_\_

Check/Description	Verify each check is endorsed	Quantity	Amount

Calculated Check Total: \_\_\_\_\_

Calculated Cash/Check Total: \$ \_\_\_\_\_

### FOAPAL Information (Begin entering account information in row one)

Chart	Fund	Org	Account	Program	Activity	Location	Description	Amount

Calculated FOAPAL Total must be equal.

Calculated FOAPAL Total: \_\_\_\_\_