Eastern Michigan University
Deposit Voucher

Department: Date:

Fund	Org	Account	Program	Activity	Location	Description	Amount

Account Total	$
Currency/Coin	
Checks	
Credit Cards:	
MasterCard / VISA	
Discover Card	
American Express	
Credit Cards TOTAL:	$
GRAND TOTAL	$

Preparer: _____ **Signature:** _____

Phone: _____ **Address:** _____

Check One: ❑ Hold Receipt for Pick-up ❑ Mail Receipts to Address Above

This form was received by SBS on: _____

Cashier's Signature: _____

Additional Instructions:

*Complete this form in its entirety. For questions, please call 487-3333.

*Please write the fund, org, account and program numbers on the ***front*** of all checks.

*If you would like a copy of this form with a cashier's signature for your records, you will need to present 2 copies to the Cashier's Office when dropping off the deposit.