Eastern Michigan University
Deposit Voucher

Department: _____ Date: _____

Fund	Org	Account	Program	Description	Amount
				Account Total	$
				Currency/Coin	
				Checks	
				Credit Cards	
				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, and account 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.