

Eastern Michigan University Deposit Voucher

Department: _____

Date: _____

Detail Code: _____
(If Assigned)

Fund	Org	Account	Program	Activity	Location	Description	Amount
						Account Total	\$ -
Fund	Org	Account	Program	Activity	Location		
						Shortage	
						Currency/Coin	
						Checks	
						Credit Cards	
						MasterCard	
						Visa	
						Discover Card	
						American Express	
						Credit Cards Total	\$ -
						TENDER TOTAL	\$ -

Preparer: _____

Signature: _____

Phone: _____

Address: _____

Check One: Hold Receipt for Pick-up

Mail Receipts to Address Above

Instructions:

- Complete this form in its entirety. For questions, please call 487-2159.
- 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 copies to the Cashier's Office when dropping off the deposit.

FOR OFFICE USE ONLY:

Received	Processed	Notes
Time _____ Initials _____	Initials _____	