

DREXEL UNIVERSITY CASH RECEIPT DEPOSIT VOUCHER

Cashier's Office Main Building, 1st Floor 215-895-2848

Reset	Calculate

For Cashier's Use Onl	For Cashier's Use Only				
Processed by:					
Banner Posting Date:					

THIS FORM IS NOT TO BE USED TO DEPOSIT GIFTS, DONATIONS, OR RESEARCH GRANT/CONTRACT FUNDS.

For more information, refer to the cash deposit procedures at http://www.drexel.edu/depts/compt/procedures/cash_reimb_procedures.html.

Date of Deposit MM/DD/YY	Check Number	Payer Name	Description/Reason for Deposit To appear on Web*Finance (All deposits over \$1,000 must be accompanied by supporting documentation.)	Fund Code (6 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code (4 digits) (Optional)	Amount	Type (Required) 1=Cash 2=Check(s) 3=Credit Cards	
									<u> </u>	write in here
								0.00	Pick One	
								0.00	Pick One	
								0.00	Pick One	
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							TOTAL	0.00		
Do not combi	ne deposits fo	ne cost center for the same r different cost centers or o r reason/purpose.	reason/purpose should be written in total leposits to the same cost center for differen	on one line. Att nt reasons/purp	ach detailed list i oses.	ncluding sum of	deposits listed.	0.00		
Notes or Additional Description:			Cash Total #1: 0.00			_				
Checks Total #2: 0.00										
Department Contact:						Credit Card Total #3: 0.00				
Signature:						Total: 0.00				
Contact Phone	Number									1
ontact Filone	ranner:									+