UNIVERSITY OF MINNESOTA | EXTENSION

Itemized Income Form Date of Deposit_____

Date	Received From	Description/Event	Amount	Check #	**Cash Receipt #**
		Total Deposit $			

Please check off each completed task:

☐ Attach all cash receipts
☐ Attach deposit receipt from bank
☐ Enter Deposit in Monthly Checkbook Ledger (The total on this form must match deposit receipt)
☐File this form behind the Monthly Checkbook Ledger (The month in which you MADE the deposit)