

Cashier's Office  
Confluence – Room 119  
Campus Box 700  
P.O. Box 173363  
Denver, CO 80217  
Fax: 303-556-2899  
Phone: 303-556-2075



## CCD Quick Receipt/Deposit Form

S \_\_\_\_\_  
STUDENT ID # (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MI LOCATION

\_\_\_\_\_  
DETAIL CODE FOAP TERM PREPARED BY

AMOUNT PAID \_\_\_\_\_  CASH  CHECK  VISA/MC  MONEY ORDER  OTHER: \_\_\_\_\_

\_\_\_\_\_  
DESCRIPTION DETAILS

*White Business Office*

*Yellow Student*

*Pink Campus/Location*

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