UNIVERSITY OF ILLINOIS SYSTEM

Department Deposit

Location: ◯ UIUC ◯ UIC ◯ UIS

Form Reference: _____

Date Form Completed: _____ Date Payment(s) Received by Unit: _____

Provide start and end dates of service period covered by the payment(s).

Earliest Start Date: _____ Latest End Date: _____

If the period covered by the payment is one day, then enter the same date in both fields above.

Department Name: _____

Prepared By: _____

Department Address: _____

Mail Code: _____ Phone Number: _____ E-Mail: _____

Provide a brief description which summarizes the purpose of the funds.

_____

_____

Cash Denominations/Check Totals

Paper Currency	Quantity	Calculated Sum
$100		$0.00
$50		$0.00
$20		$0.00
$10		$0.00
$5		$0.00
$2		$0.00
$1		$0.00

Coins	Quantity	Calculated Sum
$1.00		$0.00
$.50		$0.00
$.25		$0.00
$.10		$0.00
$.05		$0.00
$.01		$0.00

Calculated Cash Total: $0.00

Check Description Verify each check is endorsed	Check #	Amount

Calculated Check Total: _____

CFOAPAL Information (Begin entering information in row one)

Chart	Fund	Organization	Account	Program	Activity	Location	Amount

The sum of the Calculated Cash Total and Calculated Check Total must equal the Calculated CFOAPAL Total.

Calculated CFOAPAL Total: _____

◯ I certify that the information entered is accurate to the best of my knowledge.

Reset Form Print Form Submit