UNIVERSITY OF ILLINOIS
URBANA-CHAMPAIGN • CHICAGO • SPRINGFIELD

Department Deposit

Date: _____ Form Reference: _____

Date Money was Received: _____ Fiscal Year in which the Goods/Services were Provided to the Customer: ____

Department Name: _____

Prepared By: _____

Department Address: _____

MailCode: _____ Phone Number: _____ E-Mail: _____ Campus: ◯ UIUC ◯ UIC ◯ UIS

Description/Details

Description	Quantity	Unit Price	Amount

Calculated Description Total: _____

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	Quantity	Amount

Calculated Check Total: _____

Calculated Cash/Check Total: $0.00

CFOAPAL Information (Begin entering account information in row one)

Chart	Fund	Org	Account	Program	Activity	Location	Description	Amount

Calculated Description Total, Calculated Cash/Check Total and Calculated CFOAPAL Total must be equal.

Calculated CFOAPAL Total: _____

Reset Form Print Form Submit