

Department Deposit

Location: UIUC UIC UIS

Date Form Completed: _____

Form Reference: _____

Date Funds Received by Unit: _____

Fiscal Year (YY) the Goods or Services were Provided (Note: The fiscal year ranges from July 1 - June 30): _____

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		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		

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

Calculated Cash Total: _____

Check Description Verify each check is endorsed	Check #	Amount

Calculated Check Total: _____

CFOAPAL Information (Begin entering account 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.