

Please have all departmental deposits brought to the Business Services Office prior to 4:30 PM.

Oklahoma State University - Oklahoma City
Deposit Transmittal Form

Receipt # _____

Date _____

Department/Organization _____

Purpose _____

Address 900 N Portland Ave. _____

FOAPAL					SOURCE OF REVENUE	
CHART	FUND	ORG CODE	ACCOUNT	PROGRAM	AMOUNT	(16 CHARACTERS DESCRIPTION)
6		16		0000		
TOTAL					\$ -	

Checks		
Currency		
Coins		
Credit Cards		
Total Deposit	\$ -	0

Prepared By / Treasurer _____ Phone # _____

Business Services Cashier _____

Department Head/Advisor _____ Phone # _____

I certify that this deposit complies with the deposit procedures outlined in the current Policy and Procedure Letter 3-0331, Business and Finance.