

USC Beaufort Deposit Transmittal

DATE:

DEPARTMENT:

PREPARED BY:

CONTACT#:

RECEIPT RANGE

DEPOSIT DESCRIPTION

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CASH:

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CREDIT CARDS:

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DEPT	FUND	OBJECT/CLASS	AMOUNT

TOTAL

DEPT	FUND	OBJECT/CLASS	AMOUNT

TOTAL

CHECKS:

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DEPT	FUND	OBJECT/CLASS	AMOUNT

TOTAL

For Cashier's Office Use Only

Date Deposited

Cashier's Receipt#

Amount Received

By: _____

Date: _____