

UNIVERSITY OF ARKANSAS – UNIVERSITY CASHIER’S OFFICE

DEPOSIT TRANSMITTAL

Dept Name:

Date:

Contact:

Phone:

Invoice#

Category

Cost Center

Acct No

Amount

Description:

(30 characters or less)

Dept:

BAC:

Total

Copies:

BAC Refund:

Cash:

Checks:

Money Order/Cashier’s Check:

\$0.00

NOT VALID WITHOUT CASH REGISTER CERTIFICATION