UNIVERSITY OF ARKANSAS—UNIVERSITY CASHIER'S OFFICE						
RSO DEPOSIT TRANSMITTAL						
RSO Name:				Contact:		
			E-Mail:			
Designated Worktag: AG						
Check Amount	Payer			Check #	**Date Check was Written	
Description:						
DEPOSIT TOTAL	<b>AL</b>	CHECKS	CASH		TOTAL AMOUNT	
AMOUNTS		\$	\$		\$	

<sup>\*</sup>Must be Filled out for the Cashiers Office to accept deposit

<sup>\*\*</sup>Checks that were written 6 months or more before the date of deposit will not be accepted for deposit.

<sup>\*\*\*</sup> The Cashiers Office is not responsible for identifying your RSO accounting information. Please contact the Treasurer Officer for your organization or contact the Office of Student Activities.