

# Macalester College

## Department Deposit Form – Personally Deliver to Student Accounts Office in 77 Mac Daily

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Ext: \_\_\_\_\_

Cash Total: \_\_\_\_\_ (CASH)

Check Total: \_\_\_\_\_ (CHEK) # of Checks: \_\_\_\_\_

Total Deposit: \_\_\_\_\_

For Cashier's Use Only:

Detail Code: CASH or CHEK Description: (Defaults) Debit or Credit: D Amount: (above)

Detail Code: GLTR Debit or Credit: C

<b>Revenue FOAPAL Example</b>	100000	-	XXXXXX	-	5XXXXX	-	99	-		-	
	Fund		Org		Account		Prog		Act		Loc

Description: \_\_\_\_\_

FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount: \_\_\_\_\_

**Please keep copies for your department records. Student Accounts is not responsible for department records.  
Student Accounts will no longer return paper copies of deposits to departments.**

**Please use Banner to view deposits. Contact Tracy Arndt ext. 6567 to arrange access and/or training.**

\_\_\_\_\_  
Signature of Person Completing Form Date

\_\_\_\_\_  
Signature of Person Delivering Form to Student Accounts Print Date

\_\_\_\_\_  
Signature of Person Receiving and Verifying Deposit in Student Accounts Date

For Cashier's Use Only:

Receipt #: \_\_\_\_\_ Date \_\_\_\_\_