Macalester College

Department Deposit Form – Personally Deliver to Student Accounts Office in 77 Mac Suite 102

Name: _____ ID#: _____

Department: _____ Ext: _____ Email: _____
(Required for receipt)

Cash Total: _____ (CASH)

Check Total: _____ (CHEK) # of Checks: _____

Total Deposit: _____

If you are depositing a gift check, do not use this form. Contact Advancement at x6070.

Two Signatures Required on Cash Deposits over $1000:

_____

Signature Name (Print) Date

_____

Signature Name (Print) Date

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

Revenue FOAPAL Example 100000 - XXXXXX - 5XXXXX - 99 - ____ - ____

Fund Org Account Prog Act Loc

PLEASE FILL OUT YOUR FOAPAL BELOW WITH NUMBERS! IF X's are used, request will be returned.

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.

_____

Signature of Person Completing Form Date

_____

Signature of Person Delivering Form to Student Accounts Print Date

For Cashier's Use Only:

Receipt #: _____ Date _____ Cashier's Initials _____

Version 05/15