

Macalester College

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

Name: _____ ID#: _____

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

Cash Total: _____ (CASH)

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

Total Deposit: _____

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 _____