

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:		\$0.00
	Cash:		
	Checks:		
	Money Order/Cashier’s Check:		

NOT VALID WITHOUT CASH REGISTER CERTIFICATION