



Cashier's Office
Main Building, 1st Floor
215-895-2848

DREXEL UNIVERSITY CASH RECEIPT DEPOSIT VOUCHER

For Cashier's Use Only
Processed by: _____
Banner Posting Date: _____

THIS FORM IS NOT TO BE USED TO DEPOSIT GIFTS, DONATIONS, OR RESEARCH GRANT/CONTRACT FUNDS.
For more information, refer to the cash deposit procedures at http://www.drexel.edu/depts/compt/procedures/cash_reimb_procedures.html.

Date of Deposit MM/DD/YY	Check Number	Payer Name	Description/Reason for Deposit To appear on Web*Finance (All deposits over \$1,000 must be accompanied by supporting documentation.)	Fund Code (6 digits)	Org. Code (4 digits)	Acct. Code (4 digits)	Activity Code (4 digits) (Optional)	Amount	Type (Required)	
									↓	write in here
TOTAL										

*Multiple deposits to the same cost center for the same reason/purpose should be written in total on one line. Attach detailed list including sum of deposits listed.
*Do not combine deposits for different cost centers or deposits to the same cost center for different reasons/purposes.
*One line per cost center per reason/purpose.

Notes or Additional Description:	Cash Total #1:
	Checks Total #2:
Department Contact:	Credit Card Total #3:
Signature:	Total:
Contact Phone Number:	