NOTRE DAME
DE NAMUR UNIVERSITY

Print Form

TRANSMITTAL OF DEPARTMENT DEPOSITS

Date		Department:	
Contact Name			
E-Mail		Phone #	

(All GL fields below are required by the Business Office)

FUND (###)	FUNCTION (##)	DEPARTMENT (#####)	OBJECT CODE (#####)	AMOUNT	PURPOSE

Name (required)	Amount (required)	Check # (required)
Check(s) Sub-Total (B)		
Travelers Check(Total Amount (C)		
Total (D)		

Currency Detail:

Unit		Amount	
100 x			
50 x			
20 x			
10 x			
5 x			
1 x			
Total Currency			
Total Coin			
Total			(A)
Depositor's Initials			
Cashier's Initials			

CURRENCY & COIN:

Total (A) _____

CHECKS:

# of Checks _____ Total (B) _____

(GL account numbers must be written on the front of all checks)

# of Travelers Checks _____ Total (C) _____

Total (D) _____

CREDIT CARDS:

# of Credit Card Trans _____ Total _____

(Attach credit card form for each transaction)

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