NOTRE DAME DE NAMUR UNIVERSITY

Print Form

TRANSMITTAL OF DEPARTMENT DEPOSITS

Date	2024-03-18 15:33:16	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		$0.00
50 x		$0.00
20 x		$0.00
10 x		$0.00
5 x		$0.00
1 x		$0.00
Total Currency		$0.00
Total Coin		
Total		$0.00 (A)
Depositor's Initials		
Cashier's Initials		

CURRENCY & COIN:

Total (A) $0.00

CHECKS:

# of Checks 0 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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