Departmental Deposit Remittance Form

BUSINESS UNIT: NJCUN

Date: _____   Total Deposit: $ _____

Name of Person
Transmitting Dep. _____

Department: _____   Department Ext.: _____

Please provide a deposit
description:

_____

_____

_____

DEPOSIT ACCOUNT INFORMATION BUSINESS UNIT NJCUN - PLEASE DO NOT CHANGE

NJCUN

Business Unit	Account (5 digits)	Fund Code (3 digits)	Department (6 digits)	Project (7 digits)	Budget Reference (e.g. 2014JUL)	

	x	=
$ 10.00	x	=
$ 5.00	x	=
$ 2.00	x	=
$ 1.00	x	=
COINS		
$ 1.00	x	=
$ 0.50	x	=
$ 0.25	x	=
$ 0.10	x	=
$ 0.05	x	=
$ 0.01	x	=
TOTAL		

COINS _____

CHECKS _____

CREDIT CARDS _____

GRAND TOTAL $ _____

****

BURSAR USE ONLY

CASH _____   DEPOSIT REC'D BY: _____

COINS _____   DATE: _____

CHECKS _____   CASH RECEIPT #: _____

CREDIT CARDS _____   CHECK RECEIPT #: _____

GRAND TOTAL $ _____   CREDIT CARD RECEIPT #: _____