

# Departmental Deposit Summary

**Prepared By**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Drew Email Address: \_\_\_\_\_ Drew Ext: \_\_\_\_\_

Signature: \_\_\_\_\_

None of the items included in this deposit are donations to Drew University or its Depts (all donations must be forwarded to and processed by University Advancement x 3234)

Item Type	# of Items	Total Amount	Must incl Fund, Org, and Acct
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**Checks**

\_\_\_\_\_ = \_\_\_\_\_

**Bills** -----> \$100 x \_\_\_\_\_ = \_\_\_\_\_

\$50 x \_\_\_\_\_ = \_\_\_\_\_

\$20 x \_\_\_\_\_ = \_\_\_\_\_

\$10 x \_\_\_\_\_ = \_\_\_\_\_

\$5 x \_\_\_\_\_ = \_\_\_\_\_

\$1 x \_\_\_\_\_ = \_\_\_\_\_

**Coin** -----> \$1 x \_\_\_\_\_ = \_\_\_\_\_

Q x \_\_\_\_\_ = \_\_\_\_\_

D x \_\_\_\_\_ = \_\_\_\_\_

N x \_\_\_\_\_ = \_\_\_\_\_

P x \_\_\_\_\_ = \_\_\_\_\_

**TOTAL CASH** \_\_\_\_\_

Use of credit cards for Departmental payments must now be approved prior to offering use of and collecting card information for your event/purpose (it costs the University fees to process credit card transactions). Do not assume that approval will be granted for this mode of payment (even if it has been used previously). Email your request to offer credit cards as a form of payment for your event/purpose to StudentAccounts@drew.edu

**TOTAL OF DEPOSIT**

**DEPOSIT MEMO (limited to 30 characters - incl spaces)**

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Please use consistent descriptions for recurring transactions.