



**Texas Wesleyan University
Cashier's Office
Departmental Deposit Form**



Date _____
Department Name _____
Submitted By _____

Please complete the information below. Be sure to include the full GL number (xx-x-xx-x-xxxxxx-xxxxx) for your deposit.				
Description of deposit	GL Number	Check/Cash	Check #	Amount
<i>ex. Ticket sales, fundraiser, etc</i>	<i>XX-X-XX-X-XXXXXX-XXXXX</i>	<i>Cash</i>		<i>50.00</i>
GRAND TOTAL				

Department Signature _____

To be completed by the cashiers office

Receipt #	_____
Summary Session #	_____
Cashier Name	_____