

Plymouth State University Deposit Form

Receipts must be deposited within 24 hours for amounts >\$500 and within 48 hours for amounts <\$500. Bring deposits to Student Financial Services, Speare 118.

Date of Deposit: _____ Dept: _____

Contact Name: _____ Phone #: _____

Check if payment is to be applied against an A/R invoice. A/R invoice # _____

Description of Receipt Activity: _____

Deposit Amount	
Amt in Cash:	\$ _____
Amt in Checks:	\$ _____
Total Deposit:	\$ _____

Coding for Deposit Entry	
Fund:	_____
Org:	_____
Account:	_____
Program:	_____
Activity:	_____
Location:	_____

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