

DEPOSIT TRANSMITTAL FORM

Send to: Bursar's Office - Cashier
 151 East 25th Street, H-0810
 New York, NY 10010

Date: _____

From: _____

Telephone ext. : _____

Credit to the account of: _____
 (Name of the activity or account.)

All deposits must be consistent with this account's purpose and accompanied by documentation, i.e. a contract or an executed or written approval, authorizing the collection of funds.

ITEM	DESCRIPTION - LIST EACH ITEM SEPARATELY Please write the account number on the face of all checks.	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

All deposits should go directly from the payee to the Bursar.

Total

(BURSAR'S OFFICE USE)

Received by _____ Date _____

Reviewed by _____ Date _____

Deposit prepared by _____ Amount _____

Account number _____ Date deposited _____

Posted by _____