

University of Texas at El Paso
Deposit Summary

Department Name: _____

Date: _____

Cash \$ _____

Checks \$ _____

Total Deposit \$ _____

Description	Cost Center	General Ledger Account	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	(8 digit number)	(5 digit number)	

(Required Signatures)

Deposit Total _____

Prepared By: _____ Date: _____

Reviewed BY: _____ Date: _____

(Signature)

(Print name)

Dept. Contact Telephone/Extension: _____

Comments:

For Contracts & Grants Only:

CASH ADVANCE ID

PROJECT ID/COST CENTER

ACCOUNT

AMOUNT

11650

\$ _____

Prepared By: _____
(Signature) (Print Name)

Dept. Contact Telephone/Extension: _____

Date: _____