



Deposit Slip

For Official Use Only
Cashier Initials: _____
Date: _____

Date: _____

Depositor's MU ID Number: _____ Miscellaneous MR1/MR2

Type of Project:

- Camps (AC) Community Activity (CA) Special Purpose (SP) Agency (AG) Expense Reimb.
- AC 1/ AC 2 CA 1/CA 2 MR3/MR4 AG1/AG2 ER1/ER2

Project Number: _____ Other G/L Account Code: _____

Purpose of Deposit: _____

Amount of Cash: _____

Amount of Checks: _____

Amount of Credit Card: _____

Amount of Total Deposit: _____

Depositor's Signature: _____ Contact Phone: _____