



GIFT CASH DEPOSIT FORM

Submit Directly to Cashier's Office

Cash Only

Submit GDS, cashier receipt & supporting back-up documents to Advancement Gifts and Records

Department Name _____	Prepared By _____	Extension _____	Date _____
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Description	Bus Unit	Fund	Dept	Account	Class	Program	Product	Project	Oper Unit	Amount	Cashier Use Item
GIFT-	PUNIV	UONDA	10285	106115	ISGEN						<u>CADV</u>
COST-	PUNIV										<u>CDEP</u>
SALES TAX-	PUNIV			200060							<u>CDEP</u>
Cash Total											

Cash Count Must Be Completed

Currency Amount		Coin Amount
100		
50	Dollar	
20	Half Dollar	
10	Quarter	
5	Dime	
2	Nickel	
1	Penny	
Total	Total	
Cash Total \$ _____		

Additional Notes: i.e. gift donor name, event name, purpose, etc.

Cashier Use Only

Cashier Initial _____	Date _____	Receipt Number _____
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2 Cashier Receipts