



Central Cashier Deposit Advice For Miscellaneous Receipts

Payer:

_____ (35 spaces)
name

_____ (35 spaces)
address

_____ city _____ state _____ zip code _____ country

This Deposit is: revenue expense reimbursement other (check one)

Detailed explanation is required: _____

ACTION	DETAIL CODE	Check # or # of checks	Date of Check(s)	Check Amount
A	CASCK	_____	_____	_____
A	CASH			Cash Amount _____

ACTION	DB/CR	COA	INDEX *	FUND	ACCOUNT	AMOUNT
A	C	A	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	
A	C	A	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	
A	C	A	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	

*for detail codes use first six boxes of INDEX field only.

TOTAL DEPOSIT:

DOCUMENT REF. # : (for recaps use first eight boxes only)

start at first box

Preparer: _____

Extension: _____

Mail Code: _____

Date Prepared: _____

Audited by: _____

Extension: _____

CHECK BOX AND KEEP COPY ATTACHED IF RECEIPT IS REQUESTED

MAIL TO CENTRAL CASHIER AT 0009