



**Office of the Controller**  
 Cashier's Office SU80/Room 113  
 777 Glades Road, Boca Raton FL 33431  
 Tel: 561-297-3107 or 561-297-2419  
 Fax: 561-297-2195  
[cashiers@fau.edu](mailto:cashiers@fau.edu)

## DEPARTMENTAL DEPOSIT FORM

**Department:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Extension:** \_\_\_\_\_  
**Bag Number:** \_\_\_\_\_ **Deposit Number:** \_\_\_\_\_

*Please Select Special Depository Account if applicable:*

- 10043 CHC  
  10044 MWC  
  10045 SHS  
  10046 COM-CPO  
  10047 CDC

<b>WORKDAY DEPOSIT</b>						
TAG Number	Journal Description	Ledger Account	Academic Term	Revenue or Spend Category	Revenue/Spend Description	Amount
<b>WORKDAY TOTAL:</b>						\$

<b>BANNER DEPOSIT</b>					
Detail Code	Description/Student's Name	Third Party Z Number	Academic Term	Student Z Number	Amount
<b>BANNER TOTAL:</b>					\$

<b>PREPARED BY:</b> _____ <b>REVIEWED BY:</b> _____	<b>DATE:</b> _____ <b>DATE:</b> _____	<b>CASH:</b> \$ _____ <b>CHECK:</b> \$ _____ <b>TOTAL DEPOSIT:</b> \$ _____
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