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

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 UNDEPOSITED PAYMENT

WORKDAY DEPOSIT

TAG Number	Journal Description	Ledger Account	Academic Term	Revenue or Spend Category	Revenue/Spend Description	Amount
WORKDAY TOTAL:						$ 0

BANNER DEPOSIT

Detail Code	Description/Student's Name	Third Party Z Number	Academic Term	Student Z Number	Amount
BANNER TOTAL:					$ 0

PREPARED BY: _____ **DATE:** _____
REVIEWED BY: _____ **DATE:** _____

CASH: $ _____
CHECK: $ _____
ACH/WIRE: $ _____
TOTAL DEPOSIT: $ 0

****PLEASE ATTACH ALL SUPPORTING DOCUMENTATION****