COLUMBUS STATE
COMMUNITY COLLEGE

Department Deposit Form

Deposits less than $1,000 must be made within 3 business days.
Deposits more than $1,000 must be made within 1 business day.

Department _____ Contact Name _____ Cougar ID _____

Today's Date _____ Date of Deposit _____ Date of Event _____ Building _____ Room _____ Extension _____

Account Number _____ Project ID _____ Non-AR Code (if applicable) _____

Checks

Name	ID Number	Amount

Credit Cards (do not record card numbers)

Name	ID Number	Amount

Cash

Name	ID Number	Amount

$ 0.00 Total Checks

$ 0.00 Total Credit Cards

$ 0.00 Total Cash

$ 0.00 **Deposit Total**

Cashier Use Only

Deposit Received _____ Date _____ Initials

Credit Cards Processed _____

Deposit Processed _____ Date _____ Initials

Credit Cards Declined _____

Please hand deliver the completed form with the deposit to Office of the Controller, Cashier's and Student Accounting.