

**LEE UNIVERSITY**

**DEPARTMENTAL DEPOSIT SLIP**

**DATE:** \_\_\_\_\_

**DEPARTMENT OR ACCOUNT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER OR DEPOSIT CODE:** \_\_\_\_\_

**SOURCE OF RECEIPTS:**

**AMOUNT OF DEPOSIT:**

**Revenue** \_\_\_\_\_

**Reimbursement** (check # \_\_\_\_\_) \_\_\_\_\_

*\*Only use to reimburse expense when paid out of department expense line through the Accounting Services Office.*

**NET DEPOSIT** \_\_\_\_\_

**Total Cash** \_\_\_\_\_

**Total Checks** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

Departmental Approval: \_\_\_\_\_

Send Receipt: \_\_\_ Yes \_\_\_ No Email \_\_\_\_\_

*\*If multiple deposit codes are required, you may indicate the code or account number beside the description above.*