



# Idaho State University

## Receipts Deposit Slip - Cashier's Office

Department:	Dept. ID:	Date:
-------------	-----------	-------

Item Description	Index No.	Account Code	Activity Code	Total Receipts
			Total Deposit	

Source of Revenue:	Checks:
	Credit Cards:
	Currency:
	Coin:

Depositor:	Box:	Total:
------------	------	--------

*Note: Submit the original copy of this form with your deposit and keep one copy for your records.*