

Cashier's Office Use ONLY:

Control #: _____ Cashier #1: _____ Cashier #2: _____

ODU OFFICIAL REVENUE DEPOSIT FORM (Revised 07/29/16)

Department Name: _____

Cash: _____

Contact Person: _____

Check: _____

ODU Extension: _____

Charge: _____

Date of Deposit: _____

Upay Charges: _____

Overage/Shortage: _____

TOTAL DEPOSIT: _____

	BUDGET CODES			DESCRIPTION	AMOUNT
	Fund Code	Org Code	Account #		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I have reviewed this report and found it accurate to the best of my knowledge.

Preparer's Name Printed: _____

Preparer's Signature: x _____ Date: _____

I have reviewed this report and found it accurate to the best of my knowledge.

Reviewer's Name Printed: _____

Reviewer's Signature: x _____ Date: _____

Department Comment: _____

