OKLAHOM STATE UNIVERSITY
DEPOSIT TRANSMITTAL FORM

Original-Department
Duplicate-Bursar

Receipt No _____

Department/Account Title _____ Date _____

ADDRESS _____

ACCOUNT NUMBER					SOURCE OF REVENUE	SOURCE	DEPARTMENT
C. CD	L	DEPT	SUBCODE	AMOUNT	(16 CHARACTERS)	CODE	USE
			TOTAL				

CHECKS		
CURRENCY		
COIN		
VISA/MC		
TOTAL DEPOSIT		

_____

_____
DEPT. HEAD OR DESIGNEE Phone No.

I certify that this deposit complies with the deposit procedures outlined in the current Policy and Procedure Letter 3-0331, Business and Finance.