**Cashier's Office**
**Center City, New College Building, 1st Floor**
**215-762-7298**

**Cashier's Office**
**Queen Lane Campus, Ground Level**
**215-991-8268**

DREXEL UNIVERSITY
COLLEGE OF MEDICINE
In the Tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College™

**For Cashier's Use Only**

Processed by: _____

Banner Posting Date: _____

# CASH DEPOSIT FORM VOUCHER

Reset Calculate

**THIS FORM IS NOT TO BE USED TO DEPOSIT CLINICAL DEPARTMENT PATIENT RECEIPTS, GIFTS, DONATIONS, OR RESEARCH GRANT/CONTRACT FUNDS.**
**For more information, refer to the cash deposit procedures at http://www.drexel.edu/depts/compt/procedures/cash_dep_procedures.html.**

| Date of Deposit MM/DD/YY | Check Number | Payer Name | Description/Reason for Deposit To appear on Web*Finance (All deposits over $1,000 must be accompanied by supporting documentation.) | Fund Code (6 digits) | Org. Code (4 digits) | Acct. Code (4 digits) | Activity Code (4 digits) (Optional) | Amount | Type (Required) 1=Cash 2=Check(s) 3=Credit Cards ↓ | write in here |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | | 0.00 | Pick One | |
| | | | | | | | TOTAL | 0.00 | | |

***Multiple deposits to the same cost center for the same reason/purpose should be written in total on one line. Attach detailed list including sum of deposits listed.**
***Do not combine deposits for different cost centers or deposits to the same cost center for different reasons/purposes.**
***One line per cost center per reason/purpose.**

| | | |
|---|---|---|
| **Notes or Additional Description:** | **Cash Total #1**: | 0.00 |
| | **Checks Total #2**: | 0.00 |
| **Department Contact:** | **Credit Card Total #3**: | 0.00 |
| **Signature:** | **Total**: | 0.00 |
| **Contact Phone Number:** | | |