



Drexel University College of Medicine

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

CREDIT CARD DEPOSIT VOUCHER

Merchant Identification Number: _____
(Required)

NOTE: Each merchant identification number requires a separate voucher to be completed.

	Fund Number	Org. Code	Acct. Code	Activity Code (Optional)	Amount
Transmission Date					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Acctg. Use Seq. No.

Notes: _____

Department Contact: _____
Print Name Signature

Contact Phone Number: _____

Date Sent to
Assoc. Controller Office: _____

Please Return to: Kate Hoffa in General Accounting Office, 3201 Arch Street, Suite 400.