



Cashier's Office  
Main Building, 1<sup>st</sup> Floor  
215-895-2848

## DREXEL UNIVERSITY CASH RECEIPT DEPOSIT VOUCHER

<b>For Cashier's Use Only</b>
Processed by: _____
Banner Posting Date: _____

**THIS FORM IS NOT TO BE USED TO DEPOSIT 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\\_reimb\\_procedures.html](http://www.drexel.edu/depts/compt/procedures/cash_reimb_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
<b>TOTAL</b>										

\*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.

<b>Notes or Additional Description:</b>	<b>Cash Total #1:</b>
	<b>Checks Total #2:</b>
<b>Department Contact:</b>	<b>Credit Card Total #3:</b>
<b>Signature:</b>	<b>Total:</b>
<b>Contact Phone Number:</b>	