UNIVERSITY OF ARKANSAS - UNIVERSITY CASHIER'S OFFICE

STUDENT ORGANIZATION DEPOSIT TRANSMITTAL

RSO Name: Contact: Account #:			Date: Phone:
Amount	Payer	Check#	Date Check Written
DEPOSIT TOTALS	CHECKS	CASH	TOTAL AMOUNT
	$	$	$

Deposit from Fundraiser? Y or N (If Y, indicate **FR** in description and source of funds)

Deposit Description
(30 characters or less)

NOT VALID WITHOUT CASH REGISTER CERTIFICATION