

UNIVERSITY OF ARKANSAS – UNIVERSITY CASHIER’S OFFICE

DEPOSIT TRANSMITTAL

Dept Name:	Date:
Contact:	Phone:

Category	Cost Center	Acct No	Amount

Description: (30 characters or less)	
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Dept:	BAC:		Total
Copies:	BAC Refund:		
	Cash:		
	Checks:		
	Money Order/Cashier’s Check:		

NOT VALID WITHOUT CASH REGISTER CERTIFICATION