

LESLEY UNIVERSITY DEPARTMENTAL DEPOSITS

Please fill out the information below, save the form for yourself, print the form and deliver by hand to finance.

To: Cash Office

Dept: \_\_\_\_\_

Cash: \_\_\_\_\_

Date: \_\_\_\_\_

\*Check: \_\_\_\_\_

A/C: \_\_\_\_\_

Credit Card: \_\_\_\_\_

For: \_\_\_\_\_

Total Deposit: \_\_\_\_\_

**"IMPORTANT INFORMATION"**

\*Please include a copy of check \$500 and over. The Department Account number MUST be written on the face of each check and adding machine tape should accompany the deposit.

Authorized signature: \_\_\_\_\_

Delivered by: \_\_\_\_\_

Received by: \_\_\_\_\_