

UNIVERSITY OF FLORIDA
University Cashier, PO Box 114050, Room S113 Criser Hall

SUPPORT DOCUMENTATION FOR DEPOSIT TRANSMITTALS

Prepared by: _____ Date: _____ Phone: _____

Department Name: _____ Unit / Dept ID # _____

Deposit ID # _____

UNIFORM CASH RECEIPT NUMBERS (See Instruction #1)

Receipt # _____ through _____

Receipts Dated: _____ through _____

Total Amount of Deposit: \$ _____

Voided Receipts # _____

LOGS, REPORTS & OTHER IDENTIFICATION (See Instruction #2)

Reference Numbers: MAIL LOG/DEPT. LOG # _____ LINE # _____

Date Received: From _____ to _____

INSTRUCTIONS

1. The numbers of all Uniform Cash Receipt forms included in the deposit need to be recorded in the spaces provided above. All blue copies of the Uniform Cash Receipts must be attached as the documentation support.
2. If Uniform Cash Receipts are not used, please identify by log number or other specific documentation. All supporting documents must be attached to this form for forwarding to Treasury - Accounting Controls.
3. Please disclose any other pertinent data necessary for audit and proper identification to the department's records.
4. Return the documents to: University Cashier, PO Box 114050, Room S113 Criser Hall