



Cash Advance Deposit Form

Date: _____

Currency:

Coin:

Checks:

Credit Cards:

Total Amount:

* Attach Tape

*Attach Settlement Report

Purpose: Repayment of University Cash Advances

Employee M#: _____

Employee Name: _____

Employee Phone #: _____

Banner Description: CAret-Employee Name

Index	Acct Code	Amount
	A113	

Email address: _____

Deposited by: _____

Department Name: _____

Telephone Number: _____

Signature: _____

Deposits with missing data or incorrect cash totals will be returned. Please call 487-2622 if you have any questions.