

SWEET BRIAR COLLEGE

Business Office  
Deposit Transmittal Form

Department Name: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

Check below all boxes that apply to your deposit

Supervisor Signature: \_\_\_\_\_

Sales  Student Deposit

Event  Advance Payment Reservation

Other

If other is checked please identify: \_\_\_\_\_

Beginning Receipt Number: \_\_\_\_\_

Ending Receipt Number: \_\_\_\_\_

**TOTAL CASH/CURRENCY**

Checks: If you run out of room - please attach a spread sheet with the remainder

Name of Maker	Amount	Name of Maker	Amount	Name of Maker	Amount

**TOTAL CHECKS**

Credit Card Batches

Batch Number	Batch Date	Batch Total	Batch Number	Batch Date	Batch Total

**TOTAL CREDIT SALES**

**TOTAL DEPOSIT**

DISTRIBUTION

Index	Fund	Org	Account	Program	Amount

Cashier Signature: \_\_\_\_\_

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

Business Office Receipt Number: \_\_\_\_\_