



GIFT CASH DEPOSIT FORM

Submit Directly to Cashier's Office

☐ Cash Only

Submit GDS, cashier receipt & supporting back-up documents to Advancement Gifts and Records

Department Name _____ Prepared By _____ Extension _____ Date _____

Description	Bus Unit	Fund	Dept	Account	Class	Program	Product	Project	Oper Unit	Amount	Cashier Use Item
GIFT-	PUNIV	UONDA	10285	106115	ISGEN						<u>CADV</u>
COST-	PUNIV										<u>CDEP</u>
SALES TAX-	PUNIV			200060							<u>CDEP</u>
Cash Total											

Cash Count Must Be Completed

	Currency Amount		Coin Amount
100			
50		Dollar	
20		Half Dollar	
10		Quarter	
5		Dime	
2		Nickel	
1		Penny	
Total		Total	
Cash Total \$ _____			

Additional Notes: i.e. gift donor name, event name, purpose, etc.

Cashier Use Only

Cashier Initial _____	Date _____	Receipt Number _____
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2 Cashier Receipts ☐

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