



Citrus College
Fiscal Services Deposit Slip

DATE: _____

DEPARTMENT: _____

REASON FOR DEPOSIT: _____

Prepared by: _____ Verified by: _____

Signature: _____ Signature: _____

CHECK INFORMATION			
NAME	DESCRIPTION	CK #	AMOUNT
			-
			-
			-
			-
TOTAL		\$	-

DETAIL CODE(S) OR ACCOUNT NUMBER(S)						
DETAIL CODE	FUND	ORG	ACCT	PROG	ACTV	AMOUNT
						-
						-
						-
						-
TOTAL						\$ -

For Fiscal Services use only:

Account Verified by: _____ Date: _____

Associate Director: _____ Date: _____

Cashier: _____ Date: _____

Receipt # _____ Receipt Date _____