

LEE UNIVERSITY

DEPOSIT SLIP

DATE: _____

DEPARTMENT OR ACCOUNT NAME: _____

ACCOUNT NUMBER OR DEPOSIT CODE: _____

SOURCE OF RECEIPTS:

AMOUNT OF DEPOSIT:

Student Fees _____

Sales of Merchandise _____

Concessions _____

Ticket Sales _____

Honorariums _____

Reimbursement (check # _____) _____

Other _____

NET DEPOSIT

Total Cash _____

Total Checks _____

Prepared by: _____ **Ext.** _____

Departmental Approval: _____

Send Receipt: ___yes ___no

If multiple deposit codes are required, you may indicate the code or account number beside the description above.