



CALIFORNIA
STATE UNIVERSITY
NORTHRIDGE

UNIVERSITY CASH SERVICES

Deposit Transmittal Form

(Print this form in landscape format)

(Fill out and submit to University Cash Services. Retain a copy for your records.)

Bayramian Hall, Suite 100R
Phone: (818) 677-8000 Option 3
Fax: (818) 677-4911
Mail Code: 8214

Person Transmitting: _____ Department: _____ Phone #: _____ Mail Code: _____
Email: _____@csun.edu **(MUST** complete for electronic receipt – Hard copy will no longer be provided)

To be deposited to the credit of:

Item Code: _____ or Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____
 Item Code: _____ or Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____
 Item Code: _____ or Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____
 Item Code: _____ or Account: _____ Fund: _____ DeptID: _____ Program: _____ Class: _____ Project: _____ Amount: \$ _____

Total Credits: \$ _____

All checks must be endorsed by the department on the day received and hand delivered to University Cash Services.

**** Total credits must equal total deposits.**

Any cash greater than \$250, or a total of cash, checks and money orders of \$10,000 or more, **must** be delivered to University Cash Services the same business day of receipt by the department.

Regardless of amount, all cash, checks, money orders or credit card settlement receipts must be delivered to University Cash Services within three (3) days of receipt by the department.

of checks: _____ Amount: \$ _____

Currency: _____ Amount: \$ _____

of Credit Cards: _____ Amount: \$ _____

of ACH/WIRE: _____ Amount: \$ _____

Total Deposit: \$ _____

Prepared by: _____ Date: _____

Verified by: _____ Date: _____

Supervisor Signature