



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 1
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.**

Deposit must be taken to the University Cash Services Office within 5 business days of receipt.

A single cash equivalent in excess of \$10,000 or more must be deposited within 3 business days.

of checks: _____ Amount: \$ _____

Currency: _____ Amount: \$ _____

of Credit Cards: _____ Amount: \$ _____

of ACH/WIRE: _____ Amount: \$ _____

Total Deposit: \$ _____

Prepared by: _____ Date: _____

Verified by: _____ Date: _____

Supervisor Signature