|  |  |  |  |
| --- | --- | --- | --- |
| Date | Click here to enter text. | Department | Click here to enter text. |
| Amount of Deposit | Click here to enter text. | Deposited By | Click here to enter text. |
|  |
| Description of Deposit*(to be included in General Ledger detail)* | Click here to enter text. |
|  |
| Account Number(s)*(if needed, contact x4718 for assistance)* | Click here to enter text. |  | **Approved By (Department)** |
| Click here to enter text. |
| Departmental Signature |  |
| Business Office Use Only (Cash only) |
| Amount Approved |  | Received By |  |
| Business Office Signature |  RECEIPT NUMBER  |

# Trinity Christian College

# Business Office Deposit Form

Note: A receipt is required to be given for all cash deposited at the time of deposit.