



CASHIER'S OFFICE  
181 WHITE STREET  
DANBURY, CT 06810-6885

## DEPARTMENTAL DEPOSIT SLIP

**PLEASE ENSURE THAT ALL INFORMATION IS FILLED OUT AND ACCURATE  
ALL FUNDS MUST BE BROUGHT TO THE CASHIER'S OFFICE BETWEEN 9-3PM MONDAY – FRIDAY**

Department: _____	Banner Fund: _____
Financial Manager: _____	Banner Org: _____
Phone Number: _____	Banner Account: _____
<b>Check One:</b>	
Electronic Receipt _____	Email Address for Receipt: _____
Receipt Mailed _____	Office Location: _____

Cash, Check, or Money Order	Check Number	Amount	Description of Funds
	<b>Total:</b>		

### FOR CASHIER'S USE ONLY

Cash Total: _____	Received by: _____
Checks Total: _____	Receipt #: _____
<b>Total Deposit:</b> _____	