



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: _____
Office Location: _____	Banner Program: _____

****All fields must be filled out in order for the form to be accepted. If you do not know your account information, email Cashiers@wcsu.edu.**

Email Address for Receipt: _____

*To ensure compliance with State policy, all funds must be deposited to the Cashier's Office within 24 hours of its receipt.

Cash, Check, or Money Order	Check Number	Amount	Description of Funds
	Total:		Date funds received: _____

FOR CASHIER'S USE ONLY

Cash Total: _____	Received by: _____
Checks Total: _____	Receipt #: _____
Total Deposit: _____	