



UNIVERSITY of NORTH CAROLINA  
ASHEVILLE

UNC Asheville Cashier's Office - Deposit Slip

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

*If email area is blank, the email will be sent to default email for the department.*

Receipt #: \_\_\_\_\_

Book #: \_\_\_\_\_

*(25 Characters including spaces)*

Fund & Account #	Description	Amount
_____ - _____	REC - _____	_____
_____ - _____	REC - _____	_____
_____ - _____	REC - _____	_____
_____ - _____	REC - _____	_____
_____ - _____	REC - _____	_____
_____ - _____	REC - _____	_____

Total Cash: \_\_\_\_\_

Total Checks: \_\_\_\_\_

Grand Total: \_\_\_\_\_

Department Representative: \_\_\_\_\_

Printed Name

Signature

Cashier's Office Signature: \_\_\_\_\_