DEPOSIT TICKET

Account Name _____

Cost Center & Object Code 9378 Sale of Health Services

Date _____

Read Me

	Amount
Currency	
Coin	
Checks (list by name) $0.00	
Endorse back of each check with	
Account name, cost center and object code	
Total Deposit	$0.00

Read Me

Clear Form

Print Form

Save Form

Read Me

Contact Person _____

Phone# _____

MSU Mail Code _____

CURRENCY BREAKDOWN

	Amount
Ones	$ _____
Fives	$ _____
Tens	$ _____
Twenties	$ _____
Fifties	$ _____
Hundreds	$ _____
Total	$ 0.00

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