Print Form

PALM BEACH STATE COLLEGE

DEPARTMENT DEPOSIT LOG

Department: _____ **Date:** _____

Account Number: _____ - _____ - ____ _____
StateOrg Qual1 Loc GL Code

Purpose: _____

							Cashier's Office Use Only	
Student ID	**Student Name or Payor**	**Wire Transfer Ref#**	**Wire Amount**	**Check#**	**Check Amount**	**Cash Amount**	**Receipt Date**	**Receipt #**
Totals:								
						Grand Total:		

Contact Person: _____ **Phone No:** _____ **Mail Station:** _____ **Request Receipts:** ◯ Yes ◯ No

Supervisor/Advisor Signature: _____ **Supervisor/Advisor Name:** _____

Revised: 9/27/2011