

AUXILIARY ACCOUNT DEPOSIT FORM

Please complete this fillable form before bringing to the Cashier's Office

FUND NAME:

TODAY'S DATE:

If more than one fund is to be credited, please use the [table](#) below

EVENT:

BREAKDOWN OF CASH AND CHECK(S) DEPOSIT

Total Cash	Total Checks	Total Cash & Checks
<input type="text"/>	<input type="text"/>	<input type="text"/>

CREDIT CARD BATCH DEPOSITS

Date of Batch	Batch Total
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL CREDIT CARD BATCHES	<input type="text"/>

ADDITIONAL AUXILIARY FUNDS TO BE CREDITED

Fund Name	Amount Allocated to Fund
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DEPOSITOR'S SIGNATURE

CASHIER'S SIGNATURE