WASHTENAW COMMUNITY COLLEGE
DEPOSIT SLIP

Event or Reason for Deposit:_____

Department:_____

CASH _____

CHECKS _____

CREDIT CARDS _____

TOTAL DEPOSIT: $_____

TOTAL $_____

FOAPAL__ __ __ __ __--__ __ __ __ __--__ __ __ __--__ __ __--__ __ __ __ __

FUND **ORG** **ACCOUNT** **PROG** **ACTIVITY**

TURNED IN TO WCC CASHIER BY: _____
PRINT NAME

CAMPUS PHONE # _____ DATE: _____

*** If you require a copy of the receipt, PLEASE MAKE A DUPLICATE so the cashier can sign & date copy.

Notes:_____

_____

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