FORM INSTRUCTIONS

RESET FORM

University of Manitoba

DEPARTMENT DEPOSIT REPORT

Please use this form when sending cash or cheques to the Cashiers' Office

Send To:
Cashiers' Office
138 University Centre

DEPARTMENT: _____

Deposit Date: _____

Specify UM Bank Account: (One Bank Account per form)

GENERAL (CDN) ☐
TRUST ☐
US ☐

Deposit Information

Amount

Brief description: eg. T-shirt sales; Conference registration, Dr. Smith Cell recovery Dec 13)

_____ _____
_____ _____
_____ _____
_____ _____

Payment of invoice issued in FAST AR
(Indicate Invoice Number)

INV # _____ _____
INV # _____ _____
INV # _____ _____

Deposit Total $ 0.00

Deposit Details

Amount

Cash _____

Cheques (no. of cheques) _____ _____

Deposit Total $ 0.00

FOAP Distribution of Misc. Items

	Fund	Org	Acct	Prog	Amount
GST	110000		210462		
PST	110000		210551		
HST	110000		210600		

Subtotal $ 0.00

Invoice Payments $ 0.00

Deposit Total $ 0.00

Deposit Prepared By:	
Contact Name:	
Telephone:	
Signature of Depositor:	

Financial Services use only:

Payfile number: _____

Signature of Financial Services Cashier

Signature of Receipt Control Clerk