

Florida International University
The State University of Florida at Miami
 Controller's Office University Park CSC-310 Miami, Florida 33199
Departmental Deposit

Received
 Date/Time
 Stamp Here

DATE : _____

Payee Information (Address Required):

Preparers Name:	
Title:	
Department Name:	
E-Mail:	
Department Extension:	Fax:

Department Information:

Term:
Tender: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other (Identify):
Issuer of Check:
Deposit For:

Notes: Payments will only be accepted with a completed form.

ACCOUNT	FUND	DEPARTMENT ID OR PROJECT ID	SITE / CLASS	PROGRAM / PCS CODE	AMOUNT
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* (Use additional spreadsheet's) as needed)

TOTAL PAYMENT: \$ _____

Teller Signature:	Date:
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