LOUISIANA TECH UNIVERSITY

DEPARTMENTAL DEPOSIT FORM

Required					Optional	Optional	
PROGRAM/GIFT GRANT/PROJECT		COST CENTER	REVENUE CATEGORY/ LEDGER ACCOUNT	DESCRIPTION	WORKTAG	WORKTAG	AMOUNT
	or						
		CC3189	2377	2.95% State Service Charge			
						TOTAL	$ 0.00

CREDIT CARDS:	
CHECKS:	
CASH:	
less change:	
NET DEPOSIT:	$ 0.00

DATE: _____

DEPARTMENT: _____

CONTACT: _____

PHONE NUMBER: _____

Cashier's Office Use Only

Deposit #:

Instructions:

1. Complete required fields and any necessary optional fields, including amount, for each line.
2. Print three copies of completed deposit form. Bring all three form copies, all currency, checks, and credit card batches/receipts, and any supporting documentation to Cashier's Office for further processing.
3. After deposit is processed by Cashier's Office, retain stamped copy of deposit form and supporting documentation for your records.

Please contact Comptroller's Office at (318)257-4325 with any questions concerning departmental deposits.