UAMS
UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Treasurer's Office
Record of Deposit

Department/Clinic: _____

Depositor: _____ Date: _____

SAP # of Depositor: _____ Mail Slot: _____

Phone #: _____ Email: _____

Purpose: _____

Index	G/L	Amount	Fund	Cost Center	WBS Element	IOrder	Text (50 character limit)
Total							

IMPORTANT – the highlighted fields must match

Tender of Funds	
Cash (Currency and Coin)	
Checks and Money Orders	
Credit Cards - attach settlement report(s)	
EFTs	
Total	

Comments

For Treasury Department Use Only

Cashier Name: _____

Date: _____

Receipt # (SAP Doc #): _____

Credit Card Settlement Details		
Credit Card Type	Amount	Settlement Date
Visa/Mastercard		
Discover		
American Express		
Total		