

University of Arkansas for Medical Sciences
Record of Deposit Form
Instructions

Departments and clinics must complete and submit a Record of Deposit form with all deposits made in the Treasury Department.

Please Note: You must have the Adobe Acrobat Reader installed to open the form. The latest version of the Adobe Acrobat Reader is XI. It is recommended that you upgrade to this version if you have an earlier version. It can be downloaded for free at <https://get2.adobe.com/reader/>.

Department and Preparer Information

Department/Clinic: Enter the name of the department or clinic that is submitting the deposit.

Depositor: Enter the name of the person preparing the deposit.

Date: Enter the date the deposit will be submitted to the Treasury Department.

SAP # of Depositor: This must be the SAP ID number of the depositor above.

Mail Slot: Enter the mail slot of the department or clinic that is submitting the deposit.

Phone #: Enter the phone number of the person that can help if the Treasury Department has questions concerning the deposit.

Email: Enter the email of the person that would like an emailed copy of the receipt.

Purpose: Enter the description of the deposit. For example, patient payments, student tuition payments, library fees, etc.

Deposit Description and Details

Index: This field is not required and will be used for departments or clinics that deposit to the same SAP account information each day. The main purpose is to decrease the amount of data input for the cashiers in the Treasury Department.

G/L, Fund, Cost Center, WBS Element, IOrder: Enter the SAP financial account information where the deposit is to be posted.

Amount: Enter the total amount of all funds that will be posted to the same SAP account. The "total" field will automatically calculate.

Text: Enter text up to 50 characters that will help with your reconciliations. This field is to help departments and clinics identify deposits once they are posted to SAP.

Tender of Funds

Cash: Enter the total amount of currency and coins included in your deposit.

Checks: Enter the total amount of checks included in your deposit.

Credit Cards: Enter the total amount of all credit card transactions in your deposit. Settlement reports must be included with your deposit.

EFTs: Enter amount of all EFTs that you are claiming.

Comments: This field can be used in any way that will benefit the department or clinic with reconciliations or future reference.

Important: The total amount in the “deposit description and details” section must match the total amount in the “tender of fund” section.

Save the Form for Future Use: Save the completed form to your computer. This will serve as a template for future deposits using the same contact information and commonly used SAP account numbers.