

DEPOSIT SLIP

University of Wisconsin-Eau Claire

Date: _____
Department Name _____
SFS DEPT ID/CAMPUS ACCT.# _____
SFS ACCOUNT _____

Currency
Coin
Checks
TOTAL:

Dollar	Cent

Memo to Appear on Receipt (max. 30 spaces)

Departmental Use Memo:

Prepared by: _____
Phone #: _____