



Citrus College  
Fiscal Services Deposit Slip

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

REASON FOR DEPOSIT: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Verified by: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

CHECK INFORMATION			
NAME	DESCRIPTION	CK #	AMOUNT
			-
			-
			-
			-
TOTAL		\$	-

DETAIL CODE(S) OR ACCOUNT NUMBER(S)						
DETAIL CODE	FUND	ORG	ACCT	PROG	ACTV	AMOUNT
						-
						-
						-
						-
TOTAL						\$ -

For Fiscal Services use only:

Account Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Director: \_\_\_\_\_ Date: \_\_\_\_\_

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt # \_\_\_\_\_ Receipt Date \_\_\_\_\_