Northern Michigan University

Deposit Slip

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Deposit Slip

	AMOUNT		AMOUNT
Checks:		Checks:	
Cash:		Cash:	
Credit Cards:		Credit Cards:	
Total Deposit:		Total Deposit:	
Org. Number & Acct. Code		Org. Number & Acct. Code	
Date		Date	
Department		Department	
Contact Name & Phone Number		Contact Name & Phone Number	
Business Purpose of Deposit:		Business Purpose of Deposit:	

☐ Please send receipt to department

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