UNIVERSITY OF SOUTH ALABAMA
DEPARTMENTAL DEPOSIT FORM

DEPARTMENT: Access Control

DATE: _____

AMOUNT	FUND-ORG-ACCOUNT-PROGRAM-ACTIVITY	DESCRIPTION
	110000 _ 173624 _ 580100 _ 1000 _	Fac Key Replacement
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	
	_ _ _ _	

$ _____ **CASH**

$ _____ **CHECKS #** _____

$ _____ **VISA/MC**

$ _____ **AMEX**

$ _____ **DISCOVER**

$ _____ **TOTAL DEPOSIT**

STUDENT ACCOUNTING USE ONLY

PAYFILE: _____

RECEIPT NUMBER: _____

CASHIER: _____

PLEASE RETURN _____ **RECEIPTS TO:** Facilities Accounting
AD 60

PHONE: _____