Attachment A

MOHAWK COLLEGE

Departmental Deposit Form

Name of Department: _____

Name of depositor: _____

Employee ID (9-digits)**:** _____

Date: _____

Total deposit: _____

Index Code*	Fund	Org	Acct	Program	Activity	Location	Item description	Amount

SUB-TOTAL	
HST (13%)	
TOTAL	

DEPOSIT:

1	X	_____	= _____
2	X	_____	= _____
5	X	_____	= _____
10	X	_____	= _____
20	X	_____	= _____
50	X	_____	= _____
100	X	_____	= _____
Loose coin		_____	= _____
TOTAL CDN CASH			= _____
US Cash			= _____
CDN Cheques			= _____
US Cheques			= _____
TOTAL DEPOSIT			**=** _____

Reason for Deposit: _____

Cashier Name (print): _____

Cashier Signature: _____

Date: _____