	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: _____