

***University of Arkansas at Pine Bluff
Pine Bluff, Arkansas 71601***

Cashier's Office Deposit Transmittal Form

Date of Deposit_____

Department Name_____

Account Number_____

Description for Payment_____

Cash Amount_____

Check Amount_____

Total Deposit_____

Name of Person making deposit_____

OFFICIAL ACTION ONLY

Name of Cashier_____

Date of Receipt_____