

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 _____