

NORTHEASTERN STATE UNIVERSITY DEPOSIT TRANSMITTAL FORM

DEPT NAME _____

DATE _____

BANNER INFORMATION

FUND	ORG	ACCT	PRGM	DESCRIPTION	AMOUNT
* All account numbers must begin with 4					TOTAL AMOUNT

CURRENCY	
COIN	
CHECKS	
PREAUTH CC	
WIRES	
EFTS	
TOTAL	

I certify this deposit complies with the Oklahoma statutes requiring that all money collected in the name of the University be deposited daily with the State Treasurer.
(Title 62, O.S.Supp. 986, 7.1)

Department head or designee and Extension

RECEIPT	CASHIER