



CASH ROOM DEPOSITORY/RECEIPT REMITTANCE FORM

CONTACT PERSON: _____ PHONE # _____

NON-TAXABLE SALES: _____ TAXABLE SALES: _____
 CHECK # _____

Account	Fund	Dept	Program	Proj/Grant	Description	AMOUNT
						\$
						\$
						\$
						\$
						\$

2150-100	STATE TAX (5%)	\$
	COUNTY TAX (.5%)	\$
	TOTAL DEPOSITED	\$

DEPOSIT DATE: _____ DEPOSITED BY: _____
 VERIFIED BY: _____

White Accounting File Copy _____ Yellow
 Accounting to be Returned to Department after Verified

O:\finserv2\manual\cashroom deposit form.doc