

# The Lawrence

# DEPOSIT FORM

FA CONTACT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

DEPT: \_\_\_\_\_  
 DATE: \_\_\_\_\_

CHECK #	PAYER NAME (AS SHOWN ON CHECK)	AMOUNT
1		
2		
3		
<b>TOTAL:</b>		

DESCRIPTION OF SERVICES, MATERIALS, OR REASON FOR REIMBURSEMENT:

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Please attach copies of invoice, contract, purchase requisition, general ledger, or correspondence to support this revenue.

GENERAL LEDGER ENTRY:

BU	ACCT	FUND	DEPT	CF1	CF2	DESCRIPTION	REFERENCE	AMOUNT
1								
1								
1								
1								
1								
<b>TOTAL:</b>								