

AGENCY DEPOSIT NUMBER	<input checked="" type="checkbox"/> TYPE DEPOSIT
D106	1. DEPOSIT SLIP
	2. CASH & CHECKS
	3. CREDIT ADVICE
	4. CASH
	5. CHECK

TREASURER

DO NOT WRITE IN THIS SPACE	

PAYEE (REFUND)	
_____	_____
VENDOR NO./SOCIAL SECURITY NO.	V/S
_____	_____
SOURCE OF DEPOSIT	CHECK NO.
_____	_____

C.C.D. CODE _____ TOTAL NET AMOUNT \$ _____

R	TRANS CODE	MINI CODE	SUB FUND CODE	SUBSIDIARY ACCOUNT	ENCUMBRANCE NUMBER	PROJECT CODE	PH	AGENCY REFERENCE	TRAVEL				MULTI PURPOSE CODE	OBJECT CODE	DATE T A L L	TRANSACTION AMOUNT					
				SOCIAL SECURITY NUMBER		TRAVELER'S LAST NAME			FI	MI	ST N	NO. MILES					NO. TRIPS				
	207	0779	3035											7810		500.00					
Bank Account Title General Deposit														PREPARED BY: A. Staff		TOTAL		7810		500.00	

Bank Receipt This Section
STO FORM (7-1-86)