

## Credit Card Charge Departmental Deposit Sheet

**DEPARTMENT** \_\_\_\_\_

**Contact phone number** \_\_\_\_\_

**Total Credit Card Deposit Amount \$** \_\_\_\_\_

<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p><b>DEPARTMENT</b> _____</p> <p><b>Contact phone number</b> _____</p> <p><b>Total Credit Card Deposit Amount \$</b> _____</p> </div>			
Contact Name		Cashier Initials	
Daytime Phone #		Computer Rcpt #	
Circle Type of CC	VISA    Master Card    Discover	Deposit Date	
Credit Card #		CC Authorization #	
CC Expiration Date			
CC Charge Amount	\$		
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**attach this form to your departmental deposit**