

DEPARTMENTAL SIS Receipt Deposit

DATE: _____

DEPARTMENT _____

Contact Person _____ phone _____

Cash \$ _____

Checks, money orders \$ _____

Cash returned (if any) \$ _____

DEPOSIT TOTAL \$ _____

TYPE of PAYMENT *(please check)*

- 91070 graduation fee
- 91071 duplicate diploma fee
- 91073 matriculation fee
- 91075 binding thesis/dissertation fee
- 91090 orientation fee
- 9000X cash/check (off-campus registrations)

REQUIRED information for each SIS transactions

Student ss#	Student name	Check # or Cash	Amount

Additional checks may be listed on an attached spreadsheet using these column headings.

check box if individual SIS receipt(s) is to be returned to your department

Verified by Fiscal Office

Cashier initials _____

SIS receipt number(s) _____

Date _____

This standardized departmental SIS receipt form is required with all deposits. Please attach any additional supporting information you would like to be retained for audit purposes.

A new form is required for EACH type of subcode !