

*Mansfield University of Pennsylvania*

**Miscellaneous Deposit Form**

Department Name: \_\_\_\_\_

SAP Fund Center #	_____	GL #	_____	Amount:	_____
	_____	GL #	_____	Amount:	_____
	_____	GL #	_____	Amount:	_____
				<b>Total Amount:</b>	_____

Deposit Description: \_\_\_\_\_

**Deposit Amount:**

Cash \_\_\_\_\_  
Check(s) \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**Signatures:**

Depositor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(person responsible for deposit)

**Received by:** \_\_\_\_\_ Date: \_\_\_\_\_

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**Instructions:**

- All deposits should be made weekdays between 8:30 a.m. and 3:00 p.m.
- Please attach two copies of this form to the deposit. One copy will be returned to you.
- Form must be signed in order to be processed.
- SAP Fund Center and GL numbers **must** be completed.
- For questions on Fund Center/GL numbers please contact Connie Black at 4884 or [cblack@mansfield.edu](mailto:cblack@mansfield.edu)