



**INSTITUTE OF
TECHNOLOGY**

**OSU Institute of Technology
Deposit Transmittal Form**

Date: _____

Department/Organization Account Name:

Account Number	Source of Revenue	Amount
92200 0195492780	Sales Tax	

Checks _____

Cash _____

Credit Card _____

TOTAL _____

COIN	
\$1.00	\$
\$0.50	\$
\$0.25	\$
\$0.10	\$
\$0.05	\$
\$0.01	\$
Total \$	

CASH	
\$100	\$
\$ 50	\$
\$ 20	\$
\$ 10	\$
\$ 5	\$
\$ 1	\$
Total \$	

Rec'd by Bursar Cashier

Date

Club Advisor Signature

Date