



Deposit Slip

ROUTING	UAR, MSC 4570 uar@nmsu.edu Phone 646-4911 Fax 646-7773
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SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Preparer's Name: _____ Department/Name: _____

E-mail: _____ Phone Extension: _____ NMSU Box #: _____

SECTION 2: REQUEST DETAILS

Index (FOAPAL)	Fund	Account	Amount	Description
Total				
Currency				
Coin				
(attach two matching adding machine tapes on checks only) Checks				
Total				
Total				

Comments:

SECTION 3: REQUESTOR APPROVAL

Please seal envelope properly.

Requestor Printed Name: _____ Signature: _____ Date: _____

Reset