Plymouth State University Deposit Form

Receipts must be deposited within 24 hours for amounts >$500 and within 48 hours for amounts < $500. Bring deposits to Student Financial Services, Speare 118.

Date of Deposit: _________________________  Dept: _________________________________

Contact Name: _______________________________  Phone #: __________________________

☐ Check if payment is to be applied against an A/R invoice. A/R invoice # __________________

Description of Receipt Activity: ______________________________________________________


Deposit Amount

Amt in Cash: $ ____________________________

Amt in Checks: $ ____________________________

Total Deposit: $ ____________________________

Coding for Deposit Entry

Fund: ________________________________

Org: ________________________________

Account: ________________________________

Program: ________________________________

Activity: ________________________________

Location: ________________________________

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