UNIVERSITY OF THE FRASER VALLEY

DEPOSIT SUBMISSION FORM

Name: _____ Date: _____ mm/dd/yy

Extension: _____

Department: _____ **DEPOSIT TOTAL:** _____ -

Return receipt to: _____ UFV E-mail*: _____

* Please confirm your UFV email address; a PDF formatted Receipt will be sent once the deposit has been processed *

DEPOSIT DETAILS

CDN CASH

_____	X $5 =	0.00
_____	X $10 =	0.00
_____	X $20 =	0.00
_____	X $50 =	0.00
_____	X $100 =	0.00
	*COIN	
TOTAL CDN		0.00
US CASH		
TOTAL CASH		0.00

* ***ALL COIN MUST BE ROLLED***

☐ Check here if further cash receipt information is attached

CHEQUES (Endorse back of all cheques with "Deposit Only")

AMOUNT	PAYEE
0.00	***TOTAL OF CHEQUES***

If you have more than 8 cheques, please include cheque list with name, amount & total of all cheques

MONERIS POINT OF SALE TOTALS: (Please attach receipts)

DEBIT $ **M/C $**

VISA $ **AMEX $**

GL/Budget Account Allocation (must be completed)
Use the space provided or attach your own document with account info to this form.

ACCOUNT NUMBER	AMOUNT	DESCRIPTION (Maximum of 30 characters)

CREDIT CARD PAYMENTS TO BE PROCESSED IN FINANCE:

Name **Credit Card Number** **Expiry Date** **Amount**

AMEX M/C VISA

Signature of Card Holder **Credit Card Type**
(if possible)

*****Incomplete or missing information will delay the deposit process. Hand deliver this completed form & your deposit, in a sealed envelope, to Finance***

Finance Use Only: ***Deposit received by:***

Deposited by:

Date: ***Receipt #:***