Bursar Deposit Change Form

Note: This form is for non-grant accounts only. If yours is a grant account, please contact your assignee for futher instructions

Transaction Information	
All fields must be com	pleted.
Please attach a copy of the coli	lection report.
What is the budget purpose on the deposit form? (6 characters)	
What should the budget purpose be?	
What is the object on the deposit from? (4 characters)	
What should the object be?	
What is the date of the transactions? (mm/dd/yyyy)	
(Date entered by Bursar)	
What is the transaction number? (4 characters)	
What is the payfile number? (9 characters)	
(example 0201003-1)	
What is the amount of the transaction?	
Fiscal Officer/Delegate Signature	Date

Obtain the Fiscal Officer or Delegate's signature and mail the completed form to the Accounting Services MC:6812