

Cashier's Office  
UNIVERSITY OF MIAMI  
Coral Gables, Florida

## Departmental Transmittal Deposit/Payment

DEPARTMENT	CONTACT PERSON (PLEASE PRINT)	TELEPHONE	DATE
DESCRIPTION (PLEASE PRINT)	ACCOUNT NUMBER	OBJECT/CONTROL NUMBER	AMOUNT
TOTAL CHECKS: \$ _____			DEPOSIT: TOTAL:
TOTAL CASH: \$ _____			
TOTAL CREDIT CARDS: \$ _____			