Tulane

Deposit Form

CENTRAL OFFICE USE ONLY

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Cost Center: _____ Date Prepared: _____

Prepared By: _____ Phone: _____

Batch Name: _____

Batch Date: _____

Check Number	Amount	Receipt Date	Award No./ Project No.	Nat Acct	Cost Ctr Program	Customer Number and Name	Invoice Number(s)
TOTAL	0.00						

Cash Amount	
Checks Amount	
No. of Checks	
TOTAL Amount	0.00

Comments: