**DEPOSIT SLIP**

**University of Wisconsin-Eau Claire**

Date: 01/10/15

Department Name

SFS DEPT ID/CAMPUS ACCT.#

SFS ACCOUNT

Dollar Cent

Currency

Coin

Checks

**TOTAL:**

**Memo to Appear on Receipt (max. 30 spaces)**

**Departmental Use Memo:**

Prepared by:

Phone #: