Florida International University

Controller's Office, Student Financial Services

MMC SASC 101 or AC1-140

Departmental Deposit

PREPARER'S NAME:	
TITLE:	
DEPARTMENT NAME:	
EMAIL:	
DEPARTMENT EXTENSION:	FAX:

TERM:				
TENDER:	☐ CASH	☐ CHECK	ISSUER OF CHECK;	☐ OTHER (IDENTIFY)
DEPOSIT FOR:				

NOTES: PAYMENTS WILL ONLY BE ACCEPTED WITH COMPLETED FORM.
Please do not combine cash and check deposits on the same form.
One form can be used for multiple department numbers, account numbers and activity numbers.

ACCOUNT	DEPARTMENT	SITE	FUND	PROGRAM PCS CODE	Cost PID	ACTIVITY NBR OR PROJECT ID	Budget Reference	AMOUNT
						TOTAL PAYMENT:		$ 0.00

Cashier:	
Signature:	Date: