

Check Deposit Form

Please check one box:

BANK ACCOUNT TO CREDIT:

CHECKS SHOULD BE HAND-CARRIED TO:

KTO: Knowledge Transfer Office xxxxx 7062
 Main OP Account xxxxx 9065

BRC CASHIER

This form should be prepared by the department and delivered to the BRC Cashier.

Name of Financial Unit:	Financial Unit Contact Person and Phone Number:

Chart of Accounts (COA) Format [number in brackets is the length of the segment]: Entity [5] — Fund [5] — Financial Unit [7] — Account [6] — UCOP Function [3]— Program [3] — Project [7] — Activity [6] — Interentity [5] — Future1 [6] — Future2 [6]

Chart of Accounts (COA) or E journal FAU	Description	Deposit Credit

Originating Dept.	Please Print	Date
Preparer:		
Approver:		
	BRC Signature	Date
Received by Cashier:		

# of Chks	TOTAL SUM OF CHECKS
Receipt #:	