



Cashier's Office Deposit Form One Card

Date

Department Name

Last 4 #'s of One Card

Cardholder's First Name

Last Name

Mail Receipt To

Deposit Information

Description

Maximum of 20 characters - This information will appear on your receipt and in Noetix.

Notes

Notes will **NOT** appear on your receipt or in Noetix

Amount Received

Check Amount

Cash Amount

Total Received

Distribution

Deposit of Revenue - GL Account String

#	Fund Group	Organization	Type of Revenue - Account	Source	Project	Amount
1	01	0000	12416 - AR One Card	10000	000000000	

*If you have any questions about this form, please contact Edgar Contreras at accounting@sandiego.edu or 260-4600 ext 4348.

*Please allow 3 days for deposit to be completed.