



Cashier's Office Deposit Form One Card

Date	<input type="text" value="01/26/2018"/>		
Department Name	<input type="text" value="Accounts Pyable"/>		
Last 4 #'s of One Card	<input type="text" value="1234"/>		
Cardholder's First Name	<input type="text" value="Frances"/>	Last Name	<input type="text" value="Kuhn"/>
Mail Receipt To	<input type="text" value="Frances Kuhn - HC 116"/>		

Deposit Information

Description	<input type="text" value="1234 Kuhn Frances"/>
Notes	<input type="text" value="Personal Charge on USD One Card"/>

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

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

Amount Received

Check Amount	<input type="text" value="\$10.00"/>
Cash Amount	<input type="text"/>
Total Received	<input type="text" value="\$10.00"/>

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	\$10.00

*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.

1. Employee/Payee Information			
Cardholder Name:	Frances Kuhn	Statement Date:	1/25/2018

One Card Transaction Log

University of San Diego Office of Accounts Payable

2. Detailed Expense Information									
#	Date	Merchant/Supplier Name	Total	Project	Organization	Expenditure Type	Task	Source	General Business Purpose
#	Date	Merchant/Supplier Name	Total	Fund Source	Organization	Account	Source	Project	General Business Purpose
1	1/24/2018	Uber	\$10.00			12416			Personal Charge
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Grand Total			\$10.00	<i>The Grand Total should match the statement total (as it appears on your U.S. Bank credit card statement)</i>					

- 3. Instructions**
1. Attach the monthly U.S. Bank One Card (Visa) statement with original receipts and send all documents to the Office of Accounts Payable by the 25th day of the month.
 2. [Please email this spreadsheet to onecard@sandiego.edu by the 25th day of the month.](mailto:onecard@sandiego.edu)
 3. Please make sure to include a valid and specific business purpose for each transaction listed above.
 4. If the cardholder is charging an expense to a source beginning with an "S," Grants & Contracts Accounting is required to sign/approve the expense before the transaction log is processed.

4. Approvals

Cardholder/Employee	Print Name: _____	Signature: _____	Date: _____
Budget Administrator	Print Name: _____	Signature: _____	Date: _____
Supervisor	Print Name: _____	Signature: _____	Date: _____
Grants & Contracts Accounting (if applicable)	Print Name: _____	Signature: _____	Date: _____

For Office of Accounts Payable Use Only		
AP Reviewed & Approved:	Past Due Information	Date Stamp - Received
Emailed (questions/concerns):		