

**Augusta State University
Deposit Transmittal Form**

Department Name: _____

Department ID: _____ **Date of Deposit:** _____

Beginning Receipt Number: _____ **Ending Receipt Number:** _____

Deposit Total: \$ _____

Deposit To:

Detail Code _____ **\$** _____ **Cash** **\$** _____

Detail Code _____ **\$** _____ **Check** **\$** _____

Detail Code _____ **\$** _____ **Credit Cards** **\$** _____

Total: **\$** _____ **Total:** **\$** _____

For Department Use Only	
Credit Card Batch NO. _____	Terminal ID _____
Mast/Visa Total _____	
Discover Total _____	
	Batch Total _____
Credit Card Batch NO. _____	Terminal ID _____
Mast/Visa Total _____	
Discover Total _____	
	Batch Total _____