UNIVERSITIES OF WISCONSIN

Expense Deposit Form

Submit to your Cashier/Bursar Office with payment. This form is to be submitted for any expense related purchases where a personal funds reimbursement to your University is applicable. Please retain the receipt provided from the deposit to include with any reimbursement request.

Date of Deposit:

Total Number of Check Deposits:

Please enter the same accounting string used for the original expenditure.

Preparer Name:

Preparer Email:

Department:

Dept ID/Bldg Room:

Company	Cost Center	Gift/Grant/Project/ Program	Account	Tax Code	County Tax Code Name	Deposit Amount	Description	PO No. Journal ID (10 Digit Max)	Check No (10 Digit Max)	Invoice No or Voucher (10 Digit Max)
					Total Deposit	$ 0.00				

	Check Total
	Cash/Coin Total
	Total (Must match Total Deposit amount)
Preparer Signature	
Department Signature (if required)	