DEPARTMENTAL CREDIT CARD DEPOSIT FORM

DEPARTMENT: Washington College of Law DATE:

	FUND	UNIT	OBJECT	PROJECT
ACCOUNT NUMBER				

NAME OF MAKER OR REMITTER (LIST EACH ITEM INDIVIDUALLY)	EXPLANATION	Credit Card Type/ Number	Exp. Date	TOTAL AMOUNT
			TOTAL AMOUNT:	

PREPARED BY: _____

APPROVAL: _____

RECEIVED FROM: _____

TO BE COMPLETED BY CASHIER'S OFFICE:

DATE RECEIVED: _____ DEPARTMENTAL DEPOSIT RECEIPT NUMBER: _____