



**OSU Institute of Technology
Deposit Transmittal Form**

Date: _____

Department/Organization Account Name: _____

Account Number	Source of Revenue	Amount
92200 0195492780	Sales Tax	

Checks _____

Cash _____

Credit Card _____

TOTAL _____

CHARGES	
	\$
	\$
	\$
	\$
	\$
	\$
Total \$	

Deposited for Dept/Club by

Acctg _____

Rec'd by Bursar Cashier