



Eastern Connecticut State University

83 Windham Street ■ Willimantic ■ Connecticut 06226 ■ 860-465-5329

Study Tour Deposit Slip

TO: Cashier's Dept.

Trip Destination: _____

Date (of deposit at the Bursar's Office): _____

Requested by (Faculty Member's Name): _____

Deposit Information

STUDENT NAME: _____

CASH AMOUNT: List the \$ amount. Write in the method of payment (Check, Credit Card, or Cash) in parentheses.

\$ _____ (Method of payment: _____)

CHECK NUMBER (if paying by check): _____

ISSUE DATE (of check, if paying by check): _____

OPERATING FUND DEPOSIT:

<u>Banner Index</u>	<u>Banner Account</u>	<u>Student Name</u>	<u>TA #</u>	<u>Amount</u>
				\$ _____