



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Date: _____

Department Name: _____

DEPOSIT SLIP

Index #: _____ Account #: _____ \$ _____ Description: _____
(Must be provided) (Must be provided) Must be provided

Index #: _____ Account #: _____ \$ _____ Description: _____
(Must be provided) (Must be provided) Must be provided

Index #: _____ Account #: _____ \$ _____ Description: _____
(Must be provided) (Must be provided) Must be provided

Index #: _____ Account #: _____ \$ _____ Description: _____
(Must be provided) (Must be provided) Must be provided

Index #: _____ Account #: _____ \$ _____ Description: _____
(Must be provided) (Must be provided) Must be provided

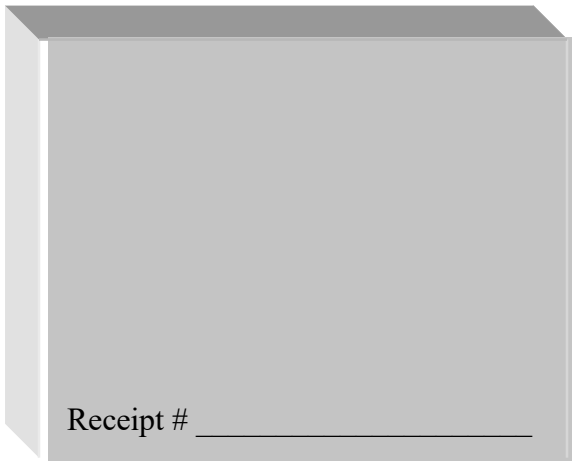
Total Check: _____

All checks must be made payable to Eastern Connecticut State University (ECSU)

Total Cash: _____

Total Credit Cards: _____

Total Deposit: _____



Submitted by: _____ Phone #: _____

Received by: _____ Processed by: _____

Please submit two copies of this deposit slip if a receipt is needed for your records.

