| end Copy | of receipt to: | |
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CALIFORNIA INSTITUTE OF TECHNOLOGY

CASHIER DEPOSIT: GENERAL

Mail to: Treasurer's Office, Keith Spalding, MC 234-6

This form is used for a deposit not applied to a Customer's Account or an Invoice in Oracle. Please bring TWO copies if you would like a confirmation from the Cashier's window.

| 1. Date: | | · | - <u> </u> | 2. Requestor: | | | |
|---|-------------------------------|-------------------------------|--|--------------------------|----------------------------------|--|--|
| | Day | Month | Year | | | | |
| 3. Phone #: | | | | 4. Department | t: | | |
| 5. Payment Method: (Please ch | | - | | — | | | |
| (Do not co | Cash mbine Cash, Check or Ci | Checks edit Card on the sa | Credit Card ame form. Please use separ | Other rate Cashier Forms | for different types of payment) | | |
| <u>lı</u> | nternational Currency o | r Check: Please o | lo not combine international | checks or currency | with domestic items. | | |
| | | | | | | | |
| 6. Description: | | | | | | | |
| 7. Itemize amount by Project, T | ask, Award and Catego | ry: (Please use se | eparate Cashier Forms for m | ultiple PTA's or Cat | egories) | | |
| Project: | | | | Amount: | | | |
| Task: | | | | Sales/Use Ta | x: | | |
| Award: | | | | Total | | | |
| Category: | Gift & Endowment | | Sponsored Research | | Vendor Refund | | |
| E | Auxiliary Revenue | | Reimbursement | | Revenue | | |
| Г | Royalty Income | | Program Income | | Smart Cash | | |
| - - | Patent Royalties Paya | ble | Royalties Payable Holdi | na Account | Intracompany Sales-AUX (BE only) | | |
| LID ONLY. | Reimbursement KS T | | | | | | |
| HR ONLY: | | | Reimbursement LTD De | entai ins | Reimbursement LTD Grp Life | | |
| | Reimbursement LTD I | Med Ins | | | | | |
| 8. General Ledger Account: (If different from default GL account) | | | | | | | |
| | | | - | - | - | | |
| | | | | | <u> </u> | | |
| | | | | | | | |
| PLEASE SEE NEXT PAGE FOR INSTRUCTIONS | | | | | | | |
| - | | | | | | | |
| 9. This portion to be completed by the Caltech Cashier's Office ONLY: | | | | | | | |
| | a) Cash Accountant Signature: | | | | | | |
| | b) Receipt# | | c) Date: | | | | |
| | d) Comments: | | | | | | |
| | | | | | | | |