



o DEPOSIT REMITTANCE FORM
o ADVANCE CLOSING FORM

Deliver in Person To: University Cashier
 100 Sparks Hall
 (404) 413-3251

Date Deposit/Closing Advance Made:
Panther Card ID Number of Individual Requesting Advance: 601708 _____ X

Department Making Deposit/Closing Advance	
Department Name:	If Closing Advance, Date of Advance:
Person Making Deposit/Closing Advance:	
Contact E-mail:	Contact Telephone:
Signature of Person Making Deposit/Closing Advance:	

Source of Funds/Explanation of Deposit (Deposit Only)

Deposit/Closing Advance Composition	Amount
Currency (USD)	
Coins (USD)	
Cash Subtotal	
Checks (List Each Check Separately Below or Attach Check Log)	
Total Deposit	

Distribution							
SpeedChart	Amount	Account (6)	Fund (5)	Dept (9)	Program (5)	SubClass (5)	Project/Grant (10)
Total Deposit							

List of Checks Deposited			
Check Date	Check Number	Remitter's Name	Amount
Total Amount of Checks Listed			

Cashier's Use Only:	Payfile Number:	Transaction Number:
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