University of Maryland DEPOSIT SUMMARY

Deposit Summary*:_____ (cash/check or credit cards) Date:_____

School/Department:_____ Contact:_____ext._____

Deposit Distribution:

Project Business Unit	Project ID	Fund	**Account	Amount	Explain Type of Deposit (required field)

Deposit Total* $_____

_____ _____

Administrator Signature Date

Administrator Name (Please Print or Type)_____

Deposited by (Please Print or Type)_____ Date_____

** All payments for contract and grant billings must be made through Restricted Funds EXCEPT for Expense Reimbursements (credit the expense account being reimbursed) and Patient Fees (use account 0522).**

- Forward all contract and grants payments to:
  Mary Miller
  Restricted Funds Accounting
  220 Arch St, Office Level 2, Room 02-128
- Other deposits may be made via the Cashier's office:
  1) Expense reimbursements (credit the expense account)

Attachment B: SOP Cash Receipts Policy