

SYRACUSE UNIVERSITY
 Treasurer's Office - Cash Operations
 125 Bowne Hall

Prepared By: _____ **Ext:** _____

Department Name: _____ **Dept. #** _____

Department Address: _____

Date: _____ **Receipt Requested:** Yes No (Include self-addressed envelope)

Sponsored Awards / Cost Sharing

Fund	Department	Program	Account	MyCode	Project	Activity	Bud Ref	Amount
								\$ _____

Fund	Department	Program	Account	MyCode	Project	Activity	Bud Ref	Amount
								\$ _____

Fund	Department	Program	Account	MyCode	Project	Activity	Bud Ref	Amount
								\$ _____

Fund	Department	Program	Account	MyCode	Project	Activity	Bud Ref	Amount
								\$ _____

Total Number Foreign Checks _____ Total Number of Checks _____

Explanation:

Bills	\$ _____
Coin	\$ _____
Total of Checks	\$ _____
Total Bank Cards	\$ _____
Total Deposit	\$ _____