

**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	\$ _____