

SFCMP

Deposit Transmittal



Date Submitted:

Department Contact Information

First Name:

Last Name:

Email Address:

Phone:

	CRS Account or PS Account	PS Fund Code	PS DeptID	PS Program	PS Project	PS Class	Amount	Reference 1	Reference 2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Total:

Notes

1. Checks should be endorsed/stamped with the following upon receipt:

For Deposit Only:

SFSU WFB A/C 4944-834563

CREDIT CSU/SFSU DEMAND ACCT

Department ID:

2. Attach the following to the deposit transmittal request:

- completed Tally Sheet
- adding machine tape reconciling to the total on the Deposit Transmittal and the original checks
- CFS AR/Billing Invoice statement