University of Notre Dame

# DEPARTMENTAL DEPOSIT SLIP

## NOTRE DAME FEDERAL CREDIT UNION

(Please type or print)

Deposit Date: _____

*Fund/Org: _____

Dept Name: _____

Deposited by: _____

Phone #: _____

Campus Address: _____

| Summary | #checks | Amount |
|---|---|---|
| Currency | | $0.00 |
| Coin | | $0.00 |
| Checks | | $0.00 |
| TOTAL | | $0.00 |

**Teller's Received Stamp**

***AFS Use Only:***
**Notre Dame Federal Credit Union**
**Notre Dame, Indiana**

**Bank Code:**
**Fund/Org:**

### Accounting Information (FOAPAL Codes)

| *Fund(6) | *Org(5) | *Account(5) | *Program(2) | Activity(5) | Location(4) | Amount | GL Description (30 characters) |
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| **TOTAL OF AMOUNT COLUMN:** | | | | | | **$0.00** | |

*Required field for data entry
(#) identifies length of number