AOC DEPOSIT COVERSHEET

Unit information to which these payments should be recorded:

Fund	Department	Unit	Approp unit	Object/Revenue Code
1000	020			

PURPOSE:

	Payor's Name	*Amount*	*Payment Type (Check/Money Order/Cash)*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Total Submitted:

DEPARTMENT: _____ **Date:** _____

COMPLETED BY: _____ **Date:** _____

VERIFIED BY: _____ **Date:** _____