CHAMPLAIN COLLEGE

DEPOSIT FORM

Please complete the following form and return to the Office of Student Accounts. All deposits should be delivered to the Office of Student Accounts on a daily basis.

Department: _____

Processed by: _____ Date: _____

Account #: _____ Return Receipt to Box: _____

Description_____

Cash Total: $.

Check Total: $.

EFT Total: $.

Credit Card Total: $.

$.

Grand Total: $.

_____ _____
Employee Signature   Date

_____ _____
Student Accounts Representative Signature   Date Received at SA Office

SA Office use: Credit Card s	Cash Card:	Distribution: MCVIS	Pay Method: CC	
	Other Depts:	Distribution: QPCC	Pay Method: QPCC	

If you have any questions regarding the deposit process, please contact Shelley Bernier at extension 6482.