

**Northern Kentucky University - Student Account Services Operations Agency/Department
Revenue Deposit Form**

Revenue Deposit Only			
Agency/Department Name:		Building and Room #:	
Person Depositing Funds		Phone Number:	
		Bag:	
		Date:	

Short Account Assignment	Payment From	Description	Cash	Checks		
Total						

Prepared By: _____ Date: _____ Approved By: _____ Date: _____

Student Account Services Operations Use Only

Receipt Number		Currency	Coin	Checks

Received By: _____ Date: _____ Posted By: _____ Date: _____