

## CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS SATELLITE STATION/DEPARTMENTAL DEPOSIT TRANSMITTAL

Date:

Department Name:

Contact

Ext

Department	Fund	Account	Program	Amount
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	Amount
Speed Type Code	
Speed Type Code	
Speed Type Code	

**Total Amount to be credited to Accounts:**

### Source of Funds

**Note: If your checks and/or credit cards require posting to individual student's accounts, provide an excel spreadsheet with each students' name, ID number, amount, and reason for the payment.**

- Currency must be listed regardless of amount and is subject to verification. Coin and currency cannot be accepted unless the location is approved as a satellite cashier office.

- A listing of all individual check amounts must be included that indicate the total dollar value of the checks

- A listing of all individual credit/debit card amounts must be included that indicate the total dollar value of the credit card documents

Total Currency and Coin
Checks
<b>FOR USE OF CEE ONLY Credit/Debit Cards</b>
<b>Total</b>

**I certify that the above are true and correct to the best of my knowledge. I understand that all transmittals are subject to verification by SFS Cashiers Office.**

**Submitted by:**

Designee \_\_\_\_\_

Date \_\_\_\_\_

**Received by:**

SFS Cashier \_\_\_\_\_

Date \_\_\_\_\_

**Verified by:**

SFS Cashier \_\_\_\_\_

Date \_\_\_\_\_