



CANADIAN BANKING REPORT-DIRECT BANK DEPOSITS ONLY

**Submit To: Cashiers Office
Financial Services Department
Finance Division
215 Huron Street**

Document Date:
 Posting Date:
 Document Type: SF
 Company Code: UOFT

BALANCED Currency: CAD

Document #:

DEBIT POSTKEY	G/L ACCOUNT	DIRECT CASH, CHEQUES DEPOSIT	AMOUNT	BUSINESS AREA	ASSIGNMENT (DEPT NAME & PHONE #)	TEXT FIELD REQUIRED TRANSIT # (5 DIGITS) AND ACCOUNT # (7 DIGITS) & DATE
40	350006	CIBC-Cash/Chq/Wire & EFT Deposit		1000		

Add Item

DEBIT POSTKEY	G/L ACCOUNT	DIRECT CREDIT CARD DEPOSIT MERCHANT DESCRIPTION	AMOUNT	BUSINESS AREA	ASSIGNMENT (DEPT NAME & PHONE #)	TEXT FIELD REQUIRED - * NOTE * MERCHANT # - CC TYPE - DATE
40	350006	<input type="text"/>		1000		X

Total Debits:

Add Item

CREDIT POSTKEY	G/L ACCOUNT	AMOUNT	TAX CODE	BUSINESS AREA	COST CENTER	INTERNAL ORDER	COMMITMENT ITEM	FUNDS CENTER	FUND	TEXT (DESCRIPTION)
50				1000						X

Total Credits:

CONTACT INFORMATION

Deposit Prepared by: _____ Phone Number: _____
 Faculty/Division: _____ Date: _____
 Address: _____

 Signature of Delegated Signing Authority Title of Delegated Signing Authority

FOR INTERNAL USE ONLY

Clearing Document #

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ONE (1) COPY TO FINANCIAL SERVICES