



**ALLAN HANCOCK COLLEGE**  
 Allan Hancock College District Cashier Office  
Deposit Recap Form

This form **must** accompany **ALL** deposits of money to the district cashier office. It is the responsibility of the person making the deposit to have the correct F.O.A.P Code.

Date of Deposit: \_\_\_\_\_

Fund Name: \_\_\_\_\_

F.O.A.P. (Fund – Organization – Account - Program)

\_\_\_\_\_

Deposit Prepared By: \_\_\_\_\_  
 (Print First and Last Name)

Cash Verified By: \_\_\_\_\_  
 (Print First and Last Name)

<u>SOURCE OF FUNDS</u>	<u>AMOUNT</u>
_____	_____
_____	_____

<u>SOURCE OF FUNDS</u>	<u>AMOUNT</u>
_____	_____
_____	_____

Total Amount of Deposit: \_\_\_\_\_

The preparer is responsible for making copies of recap form and checks prior to deposit if needed for back up.

**CASHIER OFFICE USE**

Amount of Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

Over/Short Amount: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Cashier initials: \_\_\_\_\_



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