



New Jersey's Science &
Technology University

DEPARTMENTAL DEPOSITS BURSAR'S OFFICE

Date: _____

Department Name: _____

Department Contact Person: _____

Phone Extension: _____

Description of what deposited funds are for:

Accounting
Information:

CHART

INDEX

FUND

ACCOUNT

Depositor Name/Signature: _____

Bursar's Office Signature: _____

Date Received: _____