Elizabeth City State University

Cashier's Office

Deposit Transmittal

Date 7/10/2026

Department Name: _____ **Deposit Preparer:** _____

Fund Types Enclosed:

Currency: _____

Coin: _____

Quanitity of ck/mo 1 Check/Money Order: _____

Credit Card: _____

Wire: _____

*Total Funds: $ -

If this deposit represents a gift to the University you are required to send a copy of this form, checks and relevant correspondence to the Office of Institutional Advancement immediately after receiving your receipt.

*If you utilize the detail code option for recurring deposits, you do not have to include the fund and account but must include the description.

Check/Money Order #	Fund Code or *Detail Code	Account Number	Description (will appear as	Amount