

TRANSMITTAL OF DEPOSIT

DATE: _____

PAGE _____ OF _____

SITE: _____

DISTRICT: NORTH MONTEREY COUNTY U.S.D.

FUND: _____

Please complete in duplicate. Send the original to Angie Payne – Business Services, NMCUSD District Office with your deposit and retain a copy for your files.

In accordance with Education Code Sections 41001 and 84001, the Monterey County Office of Education is requested to deposit the following item(s) to the credit of the above district and fund.

Note: UP TO 8 LINE ITEMS OR LESS ALLOWED PER PAGE; PLACE SUB-TOTAL OF THOSE ITEMS ON LINE 9 BELOW. IF THIS IS THE LAST PAGE OF THE DEPOSIT, PLACE THE GRAND TOTAL OF ALL PAGES NEXT TO "TOTAL DEPOSIT" WITH THE BREAKOUT OF CHECKS AND OTHER SHOWN

ACCOUNT NUMBER

	Received From	Purpose	Check No. Cash	Receipt Number	Fund	Resource	Project Year	Goal	Function	Object	Sub. Obj.	School	Local	Manager	Amount
1															
2															
3															
4															
5															
6															
7															
8															

SUB-TOTAL THIS PAGE (OFFSETTING ENTRY, DEBIT TO CASH) \$ _____

LAST PAGE ONLY...DEPOSIT RECAP: CHECKS = \$ _____ OTHER = \$ _____ TOTAL DEPOSIT \$ _____

AUTHORIZED SIGNATURE: _____ Sent to: Angie Payne, Business Services