UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Treasurer's Office
Record of Deposit

WORKDAY

Department/Clinic: UAMS Travel Department

Depositor: _____ Date: _____

ID# of Depositor: _____ Mail Slot: _____

Phone#: _____ Email: _____

Purpose: Travel Reimbursement

Index	Revenue Code	Amount	Fund	Cost Center	Grant	NACUBO	Company Name Reimbursing
	RC0054						
Total		0.00					

IMPORTANT – the highlighted fields must match

Tender of Funds	
Cash (Currency and Coin)	
Checks and Money Orders	
Credit Cards - attach settlement report(s)	
EFTs	
Total	0.00

Designated

For Treasury Department Use Only

Cashier Name: _____

Date: _____

Receipt # : _____

Credit Card Settlement Details		
Credit Card Type	Amount	Settlement Date
Visa/Mastercard		
Discover		
American Express		
Total		

Print Reset Submit