

**MIAMI DADE COLLEGE**  
**CASH / DEPOSIT REMITTANCE REPORT**

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DATE: \_\_\_\_\_

TO THE CASHIER: Accompanying Cash Receipts Are To Be Deposited To The Credit of The Following Accounts.

**ALL FIELDS BELOW ARE REQUIRED**

TITLE	OPERATING UNIT	FUND	ICS	DEPT ID	CAMPUS / CENTER	ACCOUNT	AMOUNT
<b>Total to Be Deposited:</b>							

**EXPLANATION (FOR DEPOSITOR'S USE):**

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**CASH RECEIPT NO.:** \_\_\_\_\_

**CASHIER:** \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**INDIVIDUAL SUBMITTING REPORT:** \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME