The University of Tennessee
Report of Departmental Collections
Transmitted to the Campus Central Cashier

College or Office _____

Department _____ Date _____

Campus Address _____ Deposit Prepared by _____

_____ Approved by _____

Phone Number _____

Multiple deposit tickets may be listed on this form, but each deposit ticket must be listed separately.

For each deposit ticket included, the first line must contain inclusive receipt dates, inclusive receipt numbers, amount, and deposit ticket number. The line(s) below it must indicate the general ledger account, amount, and distribution by cost center, WBS element, or fund.

Receipt Dates	Receipt Numbers	G/L Acct.	D/C	Total Amt.	Deposit Ticket No.	Cost Center/ WBS Element	Fund

COMMENTS:

Form T-33 (Rev. 5/02)