

Bank Deposit Slip Order Form

University of Wisconsin – Madison
Accounting Services – Cash Management
Suite 6101, 21 North Park Street, Madison WI 53715-1218

You must download this form (top, right hand navigation bar) in order for the fillable fields to be visible. Please complete this form, save, and email to Cash Management (cashmgt@bussvc.wisc.edu) with *Bank Deposit Slip Order Form* in the subject line.

If reordering deposit tickets, include in the email a copy of the deposit ticket.

Is this a new request? Yes No
Reordering Deposit Ticket? Yes No

If reordering deposit tickets, include a copy of the deposit ticket with this form.

Department Information

Division/Department ID: _____
Department Name: _____
Campus Address: _____
City, State, Zip: _____
Last four digits of deposit bank account: _____ (if known)
Deposit Ticket Reference Number: _____ (usually first six numbers of your Department ID)
Quantity to Order: 150 300 600 900 1200

Accounting Details

Department ID: _____ Fund: _____
Program: _____ Project: _____ Account: _____

Contact Information

Contact Name: _____
Contact Phone: _____
Contact email address: _____

Deposit Drop-off Site for Armored Car Pick Up

Department: _____
Address: _____

Please return form via email to cashmgt@bussvc.wisc.edu