



COUNTY OF ALBANY DIVISION OF FINANCE

DEPOSIT TRANSMITTAL

Division of Finance, Cash Receipts, 112 State Street, Suite 800, Albany, New York 12207

Office: (518) 447-7070, Fax: (518) 447-5516

PLEASE PRINT OR TYPE INFORMATION

DEPARTMENT: _____

ADDRESS: _____

Total Number of Checks: _____

Total Amount of Checks: _____

Total Amount of Cash: _____

Total Deposit: _____

<u>ORG</u>	<u>OBJECT</u>	<u>PROJECT</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

VERIFIED BY: _____ DATE: _____

TITLE: _____

If Problems with Deposit, Contact: _____ Phone: _____

FOR OFFICE USE ONLY: DIVISION OF FINANCE

PAID RECEIPT STAMP

RECEIVED BY (Initial):
