

# Bank Deposit Slip Order Form

University of Wisconsin – Madison  
Accounting Services – Cash Management  
21 North Park Street, Suite 5301  
Madison WI 53715-1218

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**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](mailto: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.**

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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](mailto:cashmgt@bussvc.wisc.edu)**