



# Deposit Ticket

Office of Billing and Payment Services - Cashiering Department  
White Gravenor Building, Lower Level / P: 202-687-1111 / financefeed@georgetown.edu

**Section 1:** To be Completed By the Depositor. (\*) Indicates required fields. When Complete, email this form to your authorized TouchNet user to complete Section 2.

<b>Department:*</b>		<b>Total Check Amount:*</b>	
<b>TouchNet Office:</b>		<b>Total Cash Amount:*</b>	
<b>Depositor Name:*</b>		<b>Total Deposit Amount:*</b>	
<b>Depositor Phone:*</b>			
<b>Depositor Email:*</b>			
<b>Number of Accounting Distributions:*</b>			

**Instructions:**

1. Enter a line description and an amount for each accounting distribution. If more than six, attach a second form
2. For each accounting distribution, enter the worktags.
3. If you are depositing towards an invoice (this is UNCOMMON and typically only used by depositors from SAO, CTO, or LCCC depositing towards grant invoices) then ONLY enter the Invoice ID and the Assignee
4. Send completed form via email to an authorized user of TouchNet Web Departmental Deposits

				Worktags									
Detail Code*	Amount*	Description*	Account*	Cost Center*	Fund*	Program*	Revenue / Spend Category	Purpose	Grant/ Gift	Assignee	Project	Invoice ID	
CS11													
CS11													
CS11													
CS11													
CS11													
CS11													
CS11													
CS11													
CS11													
<b>Total:</b>													
<b>Difference:</b>													

**Section 2:** To be completed by Authorized TouchNet User.

<b>Instructions:</b>	1. Log in to TouchNet, create a new deposit item, and enter Detail Code CS11.		
	2. Enter the Amounts and Descriptions as entered by the depositor above.		
	3. Enter the worktags above into the TouchNet Account Number Generator Web Tool, and submit. Copy and paste the accounting string into the Account field on the deposit.		
	4. Submit the deposit, and complete the fields below.		
	5. Deliver this completed form to the depositor who originally delivered it to you		
Deposit Entered by:	<input type="text"/>	Date:	<input type="text"/>
TouchNet Username:	<input type="text"/>	TouchNet Web Deposit ID:	<input type="text"/>