

# MINNEAPOLIS COLLEGE of ART and DESIGN

## Business Services Deposit Form

MCAD Deposit form for all MCAD departments. **Attach all supporting documents and proper coding.** Without this information the deposit will be given back until the information is attached. Please retain a copy for your records.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Source of Payment	Check # or Cash	Date	Amount	Account Number(s) for Deposit
<b>TOTAL</b>			<b>\$</b>	

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Accounting Office Only**