

### Hamilton College Deposit Slip

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Extension: \_\_\_\_\_

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

Account # to Credit: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Description/Source of Funds: \_\_\_\_\_

\*If deposit includes more than 4 checks, a listing or adding machine tape must be attached.

Tender	Amount	
Cash		
Check*		
Check		
Check		
Check		
Total	\$	

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