

DEPOSIT TRANSMITTAL AMEX
(This form is used for American Express Transactions Only)

Department: _____

Funds Received from: _____

Specify name of individual(s), group, agency or company.
If common group, use descriptive term such as "Students" or "participants"

E-mail Receipt to: _____ @ uncw.edu **(required)**

Cc: E-mail Receipt to: _____ @ uncw.edu **(required)**

This Deposit Transmittal is not an official numbered receipt.
The Cashier's Office will e-mail a receipt to the address(es) listed above

FUNDS TO BE DEPOSITED

AMEX CREDIT CARD

*Total: _____

* Must equal "**TOTAL AMOUNT DEPOSITED**" below.

DEPOSIT TO:

DETAIL CODE	FUND CODE (6 digits)	ACCOUNT NUMBER (6 digits)	ORGANIZATION CODE (5 digits) (if not default)	ACTIVITY CODE (6 digits)	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL AMOUNT DEPOSITED: _____

Explanation of Deposit/Comments: _____

** Prepared By: _____ Extension: _____ Date: _____