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| UNIVERSITY OF ARKANSAS—UNIVERSITY CASHIER’S OFFICE | | | | | |
| RSO DEPOSIT TRANSMITTAL | | | | | |
| RSO Name:  Designated Worktag: AG\_ \_ \_ \_ \_ | | | | Contact:    E-Mail: | |
| Check Amount | **Payer** | | | **Check #** | \*\*Date Check was Written |
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| Description: |  | | | | |
| DEPOSIT TOTAL AMOUNTS | | CHECKS | CASH | | TOTAL AMOUNT |
| $ | $ | | $ |

\*Must be Filled out for the Cashiers Office to accept deposit

\*\*Checks that were written 6 months or more before the date of deposit will not be accepted for deposit.

\*\*\***The Cashiers Office is not responsible for identifying your RSO accounting information. Please contact the Treasurer Officer for your organization or contact the Office of Student Activities.**