

DEPARTMENTAL ACCESS CARD DEPOSIT FORM
Unrestricted Supply (10) Account Only

FOR EAGLECARD OFFICE USE ONLY
Journal Entry #:
Date:
Entered by:

Originator:			Date:	
Account Number (10-XXXXXXXX-5100100)	Account Description		Debit (Decrease)	Credit (Increase)
	Unit	Object		
10-00000000-2300120	EagleCard Office	Departmental Access Account		
TOTALS			\$ -	\$ -
Comments:				
Notes: <i>Debits and Credits must equal.</i> <i>Entry in all SHADED customer fields is required.</i>				

*Form **MUST** be submitted via e-mail to EagleCard@moreheadstate.edu from the Authorized Dept. Card Account Supervisor.*