Florida Clinical Practice Association, Inc.
Deposit Slip

RESET

Department Name: _____

Total Amount of Deposit: _____ **Total # of Checks:** _____

Donations and grant funds are NOT accepted in the FCPA.

Other Professional Fees, Miscellaneous and Rental Income

G.A. Use Only	Object Code	Account Number	Payor	Description	Amount
	Choose One				
	Choose One				
	Choose One				
	Choose One				
	Choose One				
	Choose One				
	Choose One				
	Choose One				
				Total:	0.00

Expense Reimbursement

G.A. Use Only	Object Code	Account Number	Payor	Description	Amount
				Total:	0.00

All payments should be hand delivered between 8:00 a.m. and 4:30 p.m. to the Dean's Office in the 1329 Building. For questions, please call Ken Van Doren at 265-7951.

Name of Person Responsible for Deposit ***Phone Number*** ***Date***