



Commonwealth of Massachusetts

CASH DEPOSIT INPUT FORM

Department/Organization Name				
Transaction Type CD	Department	CD Date	Accg Prd	Budget Fiscal Year
Comments			Document Total Draw Request (Document Total amount should match with Draw Request Amount)	

LN	Fund	Sub Fund	Unit	Appropriation	Sub Account	Organization	Revenue Source
1							
Major Program			Program Code	Department		Amount	
Description							

LN	Fund	Sub Fund	Unit	Appropriation	Sub Account	Organization	Revenue Source
2							
Major Program			Program Code	Department		Amount	
Description							



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LN	Fund	Sub Fund	Unit	Appropriation	Sub Account	Organization	Revenue Source
3							
Major Program			Program Code	Department		Amount	
Description							

LN	Fund	Sub Fund	Unit	Appropriation	Sub Account	Organization	Revenue Source
4							
Major Program			Program Code	Department		Amount	
Description							

LN	Fund	Sub Fund	Unit	Appropriation	Sub Account	Organization	Revenue Source
5							
Major Program			Program Code	Department		Amount	
Description							

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.		
Department Authorized Signatory	Department Authorized Signatory Name	Date
Title	Phone	