



**OFFICE OF THE COMPTROLLER**  
**CASH DEPOSIT ADJUSTMENT (CD1) FORM FOR NON-FEDERAL GRANTS FUNDS**

<b>Prepared By</b>	<b>Date</b>
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**INSTRUCTIONS**

This form is for funds other than 0100, 0044, 0142. Please send this form along with a date/time stamped deposit slip or bank statement, and all other backup documentation in one file to [CTRLedger@mass.gov](mailto:CTRLedger@mass.gov). The PDF file should be the same name as the Document ID. The MMARS Doc ID for the CD1 should be the subject of the email. A [job aid](#) is available [PowerDMS Login Required]. See the Document ID naming convention on page 2.

Document ID	Description	Fiscal Year	Budget Fiscal Year	Fiscal Period	Department	Unit	Fund	Sub Fund	Revenue Source	Line Amount <small>Enter negative to decrease. Enter positive to increase.</small>
<b>TOTAL</b> <small>The total should always be zero.</small>										

<b>For Office of the Comptroller Use Only</b>	
Reviewed By	Approved and Finalized in MMARS By

