CHECK DEPOSIT
VANDERBILT UNIVERSITY
DESIGNATED CENTER DEPOSIT ROUTING SLIP

DATE: ______________________

TO: □ Office of Contract and Grant Accounting
   (Contract/Grant Payments, reimbursements, and program income deposits only - VU 1400 18th Avenue South, Nashville, TN 37212)
   □ Gift Processing
   (Gift Deposits only - PMB 407727)

FROM: ______________________________________________________________

ADDRESS: _______________________________________________________

PHONE: ____________________________

CLASSIFICATION

□ CONTRACT/GRANT PAYMENT  □ REIMBURSEMENT
   (Description and copy of MD091 required)

□ GIFT  □ PROGRAM INCOME
   (Description required)

ACCOUNT: ________  CENTER: ________  AMOUNT: $________
ACCOUNT: ________  CENTER: ________  AMOUNT: $________
ACCOUNT: ________  CENTER: ________  AMOUNT: $________
ACCOUNT: ________  CENTER: ________  AMOUNT: $________
ACCOUNT: ________  CENTER: ________  AMOUNT: $________
TOTAL AMOUNT: $________

DESCRIPTION: _______________________________________________________
   ________________________________________________________________

   Number of Checks __________
   Amount of Checks $________

Note: For all deposits, please provide a copy of check(s) OR a listing of check(s) including pertinent information such as, name, amount, and date on check.