



DEPOSIT CONTROL FORM
FOR ONLINE BANKING BILL PAYMENTS

Date:

Bill Payment Amount Remitted: \$

Employee Name: Employee ID:

Department:

Description of Deposit:

FOAPAL

Fund	Organization	Account	Program	Activity	Location	Amount
------	--------------	---------	---------	----------	----------	--------

Fund	Organization	Account	Program	Activity	Location	Amount
------	--------------	---------	---------	----------	----------	--------

Fund	Organization	Account	Program	Activity	Location	Amount
------	--------------	---------	---------	----------	----------	--------

Fund	Organization	Account	Program	Activity	Location	Amount
------	--------------	---------	---------	----------	----------	--------

Fund	Organization	Account	Program	Activity	Location	Amount
------	--------------	---------	---------	----------	----------	--------

HST FOAPAL DISTRIBUTION

Fund	Organization	Account	Program	Activity	Location	Amount
------	--------------	---------	---------	----------	----------	--------