

Johns Hopkins University

Office of the Controller

3910 Keswick Road

Cash Accounting – Suite N5100

Baltimore, MD 21211

Email: [DepositTransmittals@jhu.edu](mailto:DepositTransmittals@jhu.edu)

Date: \_\_\_\_\_

From: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Deposit Ticket #: \_\_\_\_\_

(if applicable)

### DEPOSIT TRANSMITTAL FORM

DO NOT INCLUDE CASH JOURNAL POSTING ITEMS ON THE SAME DEPOSIT TICKET AS DEPOSIT TRANSMITTAL FORM POSTING ITEMS

#### **PART 1**

##### **Payment Applied to an Open SAP Invoice Sponsored or Non-Sponsored**

SAP Customer Number (6 digits)	SAP Document Number (if starts with a 9, 9 digits – if starts with 18, 10 digits)	Amount
Part 1 Deposit		

#### **PART 2**

##### **Payment Applied to Non-Sponsored or Sponsored Grant Expense Account**

GL	Business Area	Fund	CC or IO	Amount
Part 2 Deposit				
<b>Total Deposit</b>				