

ROCR Worksheet

IBIS Document No: Bank Date of Deposit:

For Revenue Collected: through:

SUBMITTED BY

Dept Name: (your county name)

Dept Address: Phone:

Budget to be used for approval routing:

DEPOSIT INFORMATION

Bank Ledger No: (4 digit number on your check endorsement stamp)

Amount of Cash:

Amount of Checks:

No of Checks:

Total Amt of Deposit:

ACCOUNTS CREDITED - Page 2 of 4

Budget No.	Fund Name	Fund	Obj	Amount
05004-81 UP	EXTASST		030	.
05004-01 UP	CVENT		030	.
				.
				.
	Taxes:	06780		.
			TOTAL:	.

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Cost Center	Amount
	.
	.
	.
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	.
	.
	.
	.
TOTAL:	.