

USE A SEPARATE REPORT FOR EACH FUND

A. FUND	B. LOCATION CODE	C. REPORT OF DEPOSIT NUMBER	D. REPORT OF COLLECTION NUMBER

E. TO: DEPARTMENT OF GENERAL SERVICES SRF FISCAL SERVICES - 10TH FLOOR PO BOX 989053 WEST SACRAMENTO, CA 95798-9053	F. FROM: OFFICE NAME		
	LOCATION/ADDRESS		
	SUBMITTED BY: (Please Print)	DATE	TELEPHONE NUMBER

G. Check Number	H. AMOUNT		I. Check Date	J. CHECK MAKER OR NAME OF CASH CUSTOMER	K. Unbilled Revenue or Abatement Expense Code				L. Billed Revenue INVOICE #
	CHECK	CASH			COST CENTER	ACCOUNT	ACTIVITY	FY	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									

M.			O. Reason for Abatement and Fiscal Year						
TOTAL									

N.			P. Authorized Deposit Reviewer (Printed & Signed) per DGS-1				DATE	TELEPHONE
GRAND TOTAL								

EXAMPLE

B. Pre-printed numeric and alpha digits shown on Report of Deposit

C. 10 digit pre-printed sequential number of Report of Deposit

A. 8 digits that identify the fund, office and purpose. 0666= SRF 056=Fleet 1=deposit

USE A SEPARATE REPORT FOR EACH FUND

A. FUND	B. LOCATION CODE	C. REPORT OF DEPOSIT NUMBER	D. REPORT OF COLLECTION NUMBER
06660561			

E. TO: DEPARTMENT OF GENERAL SERVICES SRF FISCAL SERVICES - 10TH FLOOR PO BOX 989053 WEST SACRAMENTO, CA 95798-9053	F. FROM: OFFICE NAME Name of Office making deposit	D. Next sequential number of the Report of Collection	
	LOCATION/ADDRESS Office mailing address, city, zip		
	SUBMITTED BY: (Please Print) Authorized Depositor Name	DATE Date	TELEPHONE NUMBER Depositor Phone #

G. Check Number	H. AMOUNT		I. Check Date	J. CHECK MAKER OR NAME OF CASH CUSTOMER	K. Unbilled Revenue or Abatement Expense Code				L. Billed Revenue INVOICE #
	CHECK	CASH			COST CENTER	ACCOUNT	ACTIVITY	FY	
1. 7227	\$150.00		2/26/2004	ABC Company	56542	756601	560049	2003	
2.		\$25.00		John E Smith	56=Fleet 542=Unit	Parking Revenue	Rev brkdn Pking lot 49	03/04 fy	
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
M. TOTAL	\$150.00	\$25.00	O. Reason for Abatement and Fiscal Year						
N. GRAND TOTAL	\$175.00		P. Authorized Deposit Reviewer (Printed & Signed) per DGS-1			DATE		TELEPHONE	

G. Imprinted Check number

H. Amount of check

H. Amount of cash

I. Date of check

J. Name of person or company that issued the check or paid by cash.

K. For Unbilled Revenue Abatement Expenditure Code

L. Always list invoice #'s on Billed Revenue