

# AHC Cluster Deposit Form

Name \_\_\_\_\_

Check \_\_\_\_\_

Deposit Class (Dept ID  
of the deposit) \_\_\_\_\_

Phone \_\_\_\_\_

Currency \_\_\_\_\_

E-mail \_\_\_\_\_

Coin \_\_\_\_\_

Date \_\_\_\_\_

Total Deposit \_\_\_\_\_

Chart Field Distribution										
Line	Dollar Amount	Fund	Dept ID	Program	Project	Account	Empl ID	CF 1	CF 2	CS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Justification 5-W's: (This will be entered into People Soft. Limited to 250 char.)

Additional Comments (Optional)

Send form & checks to:

AHC Cluster  
MMC 613  
420 Delaware St. SE  
Minneapolis, MN 55455

AHC Cluster Use Only

Deposit ID: \_\_\_\_\_