



# Safekeeping Account

**Instructions: This form is to be used when movement of money to/from a Safekeeping Account is needed. Attach original invoices, billings and receipts to justify movement of money. Failure to do so will delay processes.**

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

Processed By: \_\_\_\_\_

Extension and Box #: \_\_\_\_\_

Complete the below so that receipts will be mailed:

Safekeeping Contact \_\_\_\_\_

Box Number: \_\_\_\_\_

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

Box Number: \_\_\_\_\_

## DEBIT (Taking Money From):

Detail Code Found on Deposit Form	*Description - Name of Group of Department	FOAP	Amount

## CREDIT (Giving Money To):

Detail Code Found on Deposit Form	*Description - Name of Group of Department	FOAP	Charges

**TOTAL:** \_\_\_\_\_

**Accounts Receivable Use Only - TFAMISC:**

1. Use above written description.
2. Mail receipts to both departments.

Total column equals 0.00 to ensure same amount is being debited/credited.

Receipt Number:	_____
Date Received:	_____