Collection Report Form

Edwardsville Campus Instructions
FORM – Collection Report

Use: To deposit University funds at the Edwardsville campus Bursar’s Office

Access: Access form through Administrative Information System site, “Electronic Forms” or [www.siue.edu/FORMS/AIS](http://www.siue.edu/FORMS/AIS)

Instructions: Unless noted, all fields are REQUIRED

**Header Information:** Use this section to provide basic information

- **ID Number**
  Identification number of student or customer. If deposit is based on an individual, use their Banner ID. Otherwise, leave space blank.

- **Payer’s Name**
  Individual, company or department from whom payment has been received. If multiple customers, list names in explanation box below and “Various” as the Payer’s Name.

  - **Street**
    Payer’s street address (Optional)

  - **City**
    Payer’s city address (Optional)

  - **State**
    Payer’s state address (Optional)

  - **Zip**
    Payer’s zip code (Optional)

**Deposit Information:** Amount to be deposited in each account. Budget Purpose, Natural Account and Object are required fields. Department Activity 1 is an optional field. For assistance to determine Budget Purpose, contact Administrative Accounting, x 2120.

- **Amount**
  Amount to be deposited into each AIS account

- **Budget Purpose**
  Budget Purpose of account to receive deposit

- **Department Activity 1**
  Department Activity to be credited (Optional)

- **Natural Account**
  AIS Natural Account - if revenue account, use 40000. If unsure, contact Bursar, ext. 5273.

- **Object**
  Object code related to revenue

- **Description**
  Account title for Budget Purpose listed above

- **Total**
  Calculated field
**Explanation**  
Reason payment was received and/or multiple customer information: amount, ID#, etc.

**Type of Funds:**  
Breakdown of funds

**Cash & Coin**  
Total of currency and coin

**Check**  
Total of checks

**Certified Funds**  
Total of certified funds: cashiers checks, travelers checks and/or money orders

**Credit Card**  
Total of credit card receipts

**EFT**  
Total of Electronic Funds Transfer receipts

**Total**  
Calculated field

**NOTE:** The Amount column Total must equal the Type of Funds Total

**Prepared By**  
Person completing Collection Report

**Phone #**  
Preparer’s phone number

**Dept.**  
Department name

**Box #**  
Campus Box #

**Fiscal Officer**  
Name of Fiscal Officer (Signature not required)

**Date**  
Current date defaults into this field

**Additional Requirements:**
- All checks - made payable to “SIUE” or “Southern Illinois University Edwardsville”
- All checks - endorsed “For Deposit Only, SIUE” and include Budget Purpose and/or account name.
- A calculator tape should be attached to all check batches.
- If deposit is cash, checks and/or credit card receipts, a tape must be attached to each type.
- **All funds collected should be deposited the next business day.**

**Routing:**  
If no cash is involved, Collection Report and checks and/or credit card detail report may be mailed to the Bursar’s Office, Box 1042.

**If depositing cash, Collection Report and cash must be hand- delivered immediately to the Bursar’s Office.**

Please do not include check stubs or other documents with Collection Report.