Exhibit M

New Mexico State University

University Accounts Receivable

Credit Card Deposit Slip

Dept./Name _____

Preparer's Name _____

NMSU Box# _____

Phone Extension _____

Fax Number _____

Date (mm/dd/yyyy) _____

INDEX (FOPAL)	ACCOUNT	AMOUNT	DESCRIPTION (35 characters)
	TOTAL:	$0.00	

CARD NUMBER	EXPIRATION DATE (mm/yy)	AMOUNT
		$0.00

UAR-CCDEP
Rev. 03/10/2006

Reset Form