Department of Finance & Administration
Office of Accounting
REVENUE RECEIPTS DEPOSIT (FOR SERVICE BUREAU AGENCIES ONLY)

Date: _____
Agency: _____ **Treasury Deposit?**
Page: _____ of _____

Receipts (Receipts Tab)

Revenue GL Account	Amount	Receipt Recipient	Ref (Check #)	Cost Ctr	Internal Order	WBS Element
TOTAL						

Cash Journal Clearing (Payments Tab)

Cash GL Account	Amount	Business Area	Fund
TOTAL			

Agency Contact Information:
Contact Name: _____ Email: _____
Telephone: _____ Fax: _____
Address: _____

DFA Use Only: Cash Journal No. : _____ Date: _____

TC – FBCJ Revised July 2026

Please Remit Form to:
Office of Accounting Service Bureau, P.O. Box 3278, 1509 West 7th, Suite 200, Little Rock, AR 72203
E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US **Fax:** (501) 682-2166 **Telephone:** (501) 682-2339