

# Gift Transmittal Form

Student Organization Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Check#/Cash	Amount	Donor name	Address	E-mail
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				
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<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				

Organization Authorized Signer: \_\_\_\_\_ Received by: \_\_\_\_\_

**FOR A.S. ACCOUNTING OFFICE USE ONLY**

Fund Account Number: \_\_\_\_\_ Total Amount Received \$ \_\_\_\_\_ Check Request Processed by: \_\_\_\_\_

Deposit Completed by: \_\_\_\_\_ Date \_\_\_\_\_



For assistance completing this form, please contact Associated Students at 619-594-6555 or email [asaa@mail.sdsu.edu](mailto:asaa@mail.sdsu.edu). Completed forms should be turned into the A.S. Business Office, Conrad Prebys Aztec Student Union, Suite 320.