

Student Organizations Account Deposit Slip

Organization Name: _____

Account Number: _____ Deposit Date: _____

DEPOSIT BREAKDOWN: (will be used to note revenue on monthly statement)

Dues (3271): \$ _____ Donations* (3300): \$ _____

Fundraising* (3311): \$ _____ Sponsorships (3325): \$ _____

*Must include Gift Transmittal Form or Tax ID Request Form (if applicable).

CASH			CHECKS	
Qty	Bills	Total	Check #	Amount
_____	\$100	_____	1	_____
_____	\$50	_____	2	_____
_____	\$20	_____	3	_____
_____	\$10	_____	4	_____
_____	\$5	_____	5	_____
_____	\$1	_____	6	_____
_____	Quarters	_____	7	_____
_____	Dimes	_____	8	_____
_____	Nickels	_____	9	_____
_____	Pennies	_____	10	_____
_____	Other	_____	11	_____
Total Cash	\$	_____	12	_____
			Total Checks	\$ _____

TOTAL DEPOSIT \$ _____

Deposited by: _____ Date: _____

E-mail Address: _____

Verified by: _____ Date: _____

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TOTAL DEPOSIT \$ _____

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Verified by: _____ Date: _____