Business Office Deposit Form

Organization, Departmental or Program



Please fill in ALL the information in the below blanks.

| Date | Organization, Department or Program | Contact Person | Extension |
|------|-------------------------------------|----------------|-----------|
| | | | |

Please write your fund/organization/account/program codes on every check brought to the Business Office for deposit.

| Fund Code | |
|---------------------|--|
| Organizational Code | |
| Account Code* | |
| Program Code | |
| Index Code | |

| Write a brief description of the deposit: (ticket sales, donations, camps, T-shirts sales, reimbursement) | | | | | |
|---|---------------------------|--|--|--|--|
| | | | | | |
| | | | | | |
| | Total Cash | | | | |
| | Total Checks | | | | |
| | Total Credit Cards* | | | | |
| | Sales Tax owed to State** | | | | |
| | Total Denosit | | | | |

- * Please make a separate deposit for each days credit card settlement. Do not combine several days credit card settlements into one deposit.
- ** Sales tax will be owed to the State when items are sold to students or to the general public (profit is not a factor) or when students are asked to reimburse the university for items paid for by the university and the end consumer is the student.

^{*}Do not leave the **Account Code** blank.