Office of Student Accounts ~ Miscellaneous Deposit Form

Date: _____   University Dept/Organization: _____

Fund: ☐☐☐☐☐☐ Org: ☐☐☐☐☐☐ Acct: ☐☐☐☐☐ Prog: ☐☐

$_____

Fund: ☐☐☐☐☐☐ Org: ☐☐☐☐☐☐ Acct: ☐☐☐☐☐ Prog: ☐☐

$_____

Description of funds: _____

Cash Totals: $_____   Prepared by: _____

Check Totals: $_____   (Signature)

Credit Card Totals: $_____   Print Name:_____

Total Deposit: $_____   Phone # or extension: _____

Student Accounts: Verified at time of deposit? Yes/No _____ (signature)

rev 07/24   *Complete **FOAP** must be completed before submitted for deposit.
        *Complete **FOAP** must be written on all checks & credit cards for deposit**. Questions?   Jen Breitigan x4459**
        Aaron Gray x4061