

Student Clubs & Greek Life
Experience. Participate. Lead.

Deposit Form

Organization: _____ Fund: _____ Org: _____

Person Making Deposit: _____ Date: _____

Email Address: _____ Phone Number: _____

Description of Deposit (please include date of event from which funds were received if applicable): _____

Cash

Bills

\$ 100 x _____ = _____

\$ 50 x _____ = _____

\$ 20 x _____ = _____

\$ 10 x _____ = _____

\$ 5 x _____ = _____

\$ 1 x _____ = _____

Coins

\$ 1.00 x _____ = _____

\$.50 x _____ = _____

\$.25 x _____ = _____

\$.10 x _____ = _____

\$.05 x _____ = _____

\$.01 x _____ = _____

Total Cash: \$ _____

Total Cash: \$ _____

Total Checks: \$ _____

Total Deposit: \$ _____

Reconciled by: _____

Signature: _____

Date: _____

Deposit Bag Number: _____

Object Code: _____

Please make a copy of this form for your records as well as the Student Clubs and Greek Life Office

Checks

From Whom

Check Number

Amount

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

(Please use other side to list additional checks)

Total Checks: \$ _____

FOR OFFICE USE ONLY

Fund: _____ Org: _____ Object: _____ Log Number: _____

Entered By: _____ Date: _____

Please call (907) 786-1385 for any questions regarding this deposit