

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 12/21 *Complete **FOAP** must be completed before submitted for deposit.

*Complete **FOAP** must be written on all checks & credit cards for deposit. **Questions? Catherine van der Linden x4063**