

Student Affairs Deposit Request Form

Department Information:

Business Operations Center: _____ Department: _____

Contact name: _____ Tel: _____ Email: _____

Explanation for Departmental Records / General Ledger:

Cash/Check Collection:

Name: _____ Check #: _____ Amount: _____ Date: _____

Name: _____ Check #: _____ Amount: _____ Date: _____

Name: _____ Check #: _____ Amount: _____ Date: _____

- Do not accept items that are more than 6 months from date of issue.
- If more than three deposit sources please attach additional documentation.
- For a credit card collection, fill out at the bottom

Deposit Distribution:

Amount	Account	Fund	Org	Program	Chartfield 1 / Project	Chartfield 2 / Flex	Description of program if chartstring not available.

Administrative Office Use Only: MR Number: _____

Received by: _____ Date: _____

Processed by: _____ Date: _____

===== = Cut here and cross shed after processing the credit card below =====

Credit Card Collection – If you use this section DO NOT save or email this form:

Card holder name: _____

Credit Card #: _____ Expiration Date: _____ CV #: _____

Address: _____

Signature: _____