

DEPOSIT SLIP

Name of Organization: _____ Date: _____

Depositor's Name: _____

Deposit to Account: *(check one)* Private Account 128 Account

Source of Income: _____
(Please provide a detailed description.)

Cash			\$
Check(s):	#	Name:	\$
	#	Name:	\$
	#	Name:	\$
	#	Name:	\$
Total Deposit			\$

OFFICE USE ONLY			
Activities Staff / Date:	_____	Acct 128-16-	_____
Cashier / Date:	_____	Bursar #	_____
<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-taxable	<input type="checkbox"/> Posted	<input type="checkbox"/> Verified