Depositing Funds

Funds being remitted to a project (checks, money orders, or cash) must be accompanied by a deposit slip or reference a Research Foundation invoice number.

Deposit Slips

- Indicate project/object and amount to be receipted to each object code (see below)
- Indicate the purpose of funds, e.g., sale of materials, workshop fees, conference registrations
- List the source of the funds (name of individual/business) Total of receipts
- Break out total into the amount deposited via check, cash, and/or coins
- Print name of project director, phone number and campus zip

Following is a list of approved object codes, which may be used to deposit funds.

Object Code	Description
6101	Taxable Sales
6105	Non-taxable Sales
2150	Sales Tax
6727	Workshop Fees
6728	Participant Fees
6729	In-Service Fees
6730	Membership Fees
6731	Special Events
6732	Deposits
6733	Deposits

Examples:

Fees/Other

Remit To: BMU Room 219, Zip 248		(Do not use for gifts/donations*) #: 6727 Amount: 500-00			UNIVERSITY FOUNDATION			
Project #: XXXXX	Object #: 6727	6727 Amount:		Date: 2/7/05				
Project #:	Object #:	Amount:						
Project #:	Object #:	Amount:						
Project #:	Object #:	Amount:						
*Use Annual Fund deposit slip	for any gifts/donations - Proce	ess through CSI	U, Chico Cashiering	Office				
List Invoice # if available; of	herwise list Purpose of Fund	S	Name		Amou	nt		
Contevence re	gistration fee	٧	Lula	222	100	00		
			Peg BE	888	100	00		
			ABC 30	4001	300	00		
				hecks	300			
ABC Conference	~~-			ash	200	00		
HBC CONTERENCE	e 5355	000		oin				
Project Name	Phone #	Zip		TOTAL DEPOSIT	500	00		
mi								
Signature of Project Director		Sign	ature of Dean if req	uired		_		

Project #: WXXX Object #: 6/0/ Amount:	1000.00	Date: 2/7/0	5	_
Project #: XXXX Object #: 2150 Amount:	72-50			
Project #: XXXX Object #: 6732 Amount:	10.00			
Project #: Object #: Amount:				
*Use Annual Fund deposit slip for any gifts/donations - Process through Co		Office		-
List Invoice # if available; otherwise list Purpose of Funds	Name		Amount	-
ourchase of conference materials	XYZ Sch	oc/ District		
and shipping fee				-
				1
				7
2				-
		ecks	1082 50	긱
ABC Contevence *5555 000	Ca			\dashv
Project Name Phone # Zip		OTAL DEPOSIT	1082 50	7
				_
- me				
Signature of Project Director Sig Rev. 5/04	nature of Dean if requ	ired		
Project Object	Amount			
xxxxx 1461	Amount <\$1000.00> \$1005.00			
xxxxx 8090	<\$1000.00> \$1005.00 \$ 5.00 F	Receipts total, a		
xxxxx 8090 xxxxx 1461 Total Amount of Deposit:	<\$1000.00> \$1005.00 \$ 5.00 R	o an expense co	ode should	be
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