

Organization Name: _____

Account Number: _____ Deposit Date: _____

DEPOSIT BREAKDOWN: (will be used to note revenue on monthly statement)

Dues (3271): \$ _____ Donations* (3300): \$ _____

Fundraising* (3311): \$ _____ Sponsorships (3325): \$ _____

*Must include Gift Transmittal Form or Tax ID Request Form (if applicable).

CASH		CHECKS	
Qty	Bills Total	Check #	Amount
_____	\$100 _____	1 _____	_____
_____	\$50 _____	2 _____	_____
_____	\$20 _____	3 _____	_____
_____	\$10 _____	4 _____	_____
_____	\$5 _____	5 _____	_____
_____	\$1 _____	6 _____	_____
_____	Quarters _____	7 _____	_____
_____	Dimes _____	8 _____	_____
_____	Nickels _____	9 _____	_____
_____	Pennies _____	10 _____	_____
_____	Other _____	11 _____	_____
_____	Total Cash \$ _____	12 _____	_____

Total Checks \$ _____

TOTAL DEPOSIT \$ _____

Deposited by: _____ Date: _____

E-mail Address: _____

Verified by: _____ Date: _____



For assistance completing this form, please contact Associated Students at 619-594-6555 or email asa@mail.sdsu.edu. Completed forms should be turned into the A.S. Business Office, Conrad Prebys Aztec Student Union, Suite 330.

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