



STUDENT FACULTY ORGANIZATION (SFO) ACCOUNT DEPOSIT FORM

Date: _____

SFO Account Name: _____ SFO Account Number: _____

	DOLLARS	CENTS
CURRENCY		
COIN		
CHECK(S)		
TOTAL		

Depositor : Please add currency, coin, and checks separately to determine total amount of deposit.

DESCRIPTION of DEPOSIT (ex. Membership Dues, Fundraiser, etc)	AMOUNT
1	
2	
3	
4	
5	
6	
7	
TOTAL	

Contact Information

Person Making Deposit: _____
(Printed Name) (Phone Number)

(Signature) (Email)

Deliver the deposit to the Business Services, 121 Graff Main Hall

Business Services Office hours are 7:45am-4:00pm. Deposits can be dropped off during these hours. After hours, please use the drop box located outside the Cashiers Office, 121 Graff Main Hall.

Business Services Use Only:

Date Received: _____	Receipt#: _____
Date Verified: _____	Verified by: _____
Date Deposited: _____	Deposited by: _____