

# 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:	\$
<b>Total Deposit</b>			\$

<b>OFFICE USE ONLY</b>			
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