



STUDENT FACULTY ORGANIZATION (SFO) ACCOUNT DEPOSIT FORM

Date: \_\_\_\_\_

SFO Account Name: \_\_\_\_\_ SFO Account Number: \_\_\_\_\_

Table with columns: DOLLARS, CENTS and rows: CURRENCY, COIN, CHECK(S), TOTAL

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

Table with columns: DESCRIPTION of DEPOSIT (ex. Membership Dues, Fundraiser, etc), AMOUNT and rows 1-7, TOTAL

Contact Information

Person Making Deposit: \_\_\_\_\_ (Printed Name) (Phone Number)

\_\_\_\_\_  
(Signature) (Email)

Deliver the deposit to the Cashiers Office: Room 121 Graff Main Hall

Cashiers Office hours are 8:00am-4:00pm. Deposits can be dropped off during these hours. After hours, please use the drop box located outside the Cashiers Office.

For Cashier's Office Use Only:

Date Received: \_\_\_\_\_

Receipt # \_\_\_\_\_

Date Verified: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date Deposited: \_\_\_\_\_

Deposited by: \_\_\_\_\_