



# STUDENT FACULTY ORGANIZATION (SFO) ACCOUNT DEPOSIT FORM

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

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

	DOLLARS	CENTS
CURRENCY		
COIN		
CHECK(S)		
<b>TOTAL</b>		

*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	
<b>TOTAL</b>	

**Contact Information**

Person Making Deposit: \_\_\_\_\_

*(Printed Name)* *(Phone Number)*

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*(Signature)* *(Email)*

**Deliver the deposit to the Business Services, 125 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: _____