



**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 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: _____