

WICHITA STATE UNIVERSITY FOUNDATION DEPOSIT FORM

This form is to be completed by any university faculty or staff member who receives money to be deposited in a WSU Foundation fund and should accompany the deposit.

DATE: _____

RECEIVED BY

Department: _____

Staff Name: _____

DEPOSIT TO:

Fund name: _____

Fund Number(s): _____

TOTAL AMOUNT OF DEPOSIT \$ _____

TYPE	AMOUNT	CLASSIFICATION	AMOUNT
Cash	\$ _____	Gift Income	\$ _____
Check/Money Order	\$ _____	Reimbursement of Expenses	\$ _____
Bank Cards	\$ _____	please explain the purpose of reimbursement below	

TOTAL	\$ _____	TOTAL	\$ _____

(Received FDN staff)

(date)

IF a receipt is requested, a copy of this form, signed by a Foundation employee, will be valid for such purpose. Thank you