

**RECEIPT FORM  
WICHITA STATE UNIVERSITY  
WSU FOUNDATION**

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: \_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT OF DEPOSIT \$ \_\_\_\_\_

TYPE	AMOUNT	CLASSIFICATION	AMOUNT
Cash	\$ _____	Gift Income	\$ _____
Check/Money Order	\$ _____	Sales	\$ _____
Securities	\$ _____	Seminar/Workshop Fees	\$ _____
Bank Cards	\$ _____	Dues	\$ _____
Other	\$ _____	Reimbursement of Expenses	\$ _____
		(explain)	_____
		Admissions	\$ _____
		Other (explain)	_____
		_____	_____
		_____	_____
Total	\$ _____	Total	\$ _____

\_\_\_\_\_  
(Received FDN staff)

\_\_\_\_\_  
(date)