

## 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	
		_____	
		_____	
<b>TOTAL</b>	<b>\$</b> _____	<b>TOTAL</b>	<b>\$</b> _____

\_\_\_\_\_  
(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