

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 and Alumni Engagement (WSUFAE) fund and should accompany the deposit.

Date: _____

→ Received By DEPARTMENT: _____

STAFF NAME: _____

→ Deposit To FUND NAME: _____

FUND NUMBERS: _____

→ Total Amount of Deposit \$ _____

TYPE	AMOUNT
CASH	\$ _____
CHECK/ MONEY ORDER	\$ _____
BANK CARDS	\$ _____

CLASSIFICATION	AMOUNT
GIFT INCOME	\$ _____
REIMBURSEMENT OF EXPENSES	\$ _____

Please explain the purpose of reimbursement below

TOTAL \$ _____

TOTAL \$ _____

→ Signatures _____
Received By (WSUFAE Staff) Date

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