IOWA STATE UNIVERSITY CAMPUS ORGANIZATIONS

DEPOSIT SLIP – submit to 3610 Memorial Union

Helpful hint: If your cash deposit is turned in unfolded and in denomination order, your deposit will be processed faster

Organ	ization	Name:	

Program Worktag: PG_____

	≜	t Summary (include both	cash and checks)	
Dues	\$	Fundraiser	\$	
Clothing	\$	Registration	\$	
Food	\$	Travel	\$	
Donations (mu	ist go through the Iowa State F	oundation if tax deduction is bein	ng sought)\$	
Miscellaneous	s (describe)		\$	
A) CASH TO	DTAL	S	\$	
List Checks Be	low (Last name, First name,	check number)	Amount	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
B) CHECK 1	TOTAL		\$	
C) DEPOSIT			\$ \$	

Print Name_____

Date

****Please submit paper copy with cash and checks. Save a copy of this completed form for your organization records. Endorse all checks: "For Deposit Only" and your program worktag. All checks are credited subject to payment by the bank and all deposits are subject to verification****