

Deposit Request Form

Unit: _____

Date Prepared: _____

Prepared By: _____

Check # Received	Check Payor	Account #	Date Receive d	Purpose (Reimbursement/Co- sponsorship/Other)*	Object Code ^	Amount
						0

Total Deposit 0

Signature of individual submitting deposit _____

*CBS Staff will not accept gift money. If you receive gift money, please call the Liberal Arts Development Office.

^ If the check is for a reimbursement, the code must be the same as was used for the original purchase. In this case, please provide information so that we know what the original purchase was.

Once CBS creates the VC1 Document ID, please take two copies of the document ID cover page and the check to the Cashier's Office, located in the Tower's first floor.

To be completed by CBS Staff:

Document ID _____

Receipt Log# _____