

DEPOSIT FORM

Department/Club Name \_\_\_\_\_ Date \_\_\_\_\_

Person Making Deposit \_\_\_\_\_

Description of Deposit \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Check Amount \_\_\_\_\_

Check Amount \_\_\_\_\_

Cash Amount \_\_\_\_\_

Cash Amount \_\_\_\_\_

Credit Card Amount \_\_\_\_\_

Credit Card Amount \_\_\_\_\_

Sales Tax Amount\* \_\_\_\_\_

Sales Tax Amount\* \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

\*Sales tax must be calculated on all sales of merchandise to individuals.