



Deposit Summary

Instructions: Effective January 1, 2007 all donations and fund-raising events should be deposited at the Tower Foundation. Please print and complete form in ink. All changes must be initialed and dated. Incomplete information will result in delay of crediting funds to your account.

Date: _____
Account/Object _____
Account Name: _____
Department (zip) _____
Contact Person & Phone: _____

Summary:
Cash _____
Checks _____
Credit Cards _____
(use attached list)
Total _____

Types of Deposit (please check):

Fees - workshop, conference etc.
Name of workshop/conference :

Event Receipts
Name of event:

Travel/Advance reconciliation
Original requisition no.

Other
Please describe:

Note: All SJSU credit-bearing class payments must be deposited at the University.

Workshop, Conference and Event Detail:

Date: _____ Place: _____
Attendee
descrip: _____
Purpose/
subject: _____

Authorized Account Signer Signature: _____

Credit Card Detail Listing
(if more than 1 page, number them 2a, 2b etc.)

Please circle one			
Visa	MC	AM EX	Card No. _____
			Expiration Date _____

Name	_____	Amount	_____
Address	_____	Date	_____
Telephone	_____		

For Cashier's use only – Approval Code:

Please circle one			
Visa	MC	AM EX	Card No. _____
			Expiration Date _____

Name	_____	Amount	_____
Address	_____	Date	_____
Telephone	_____		

For Cashier's use only – Approval Code:

Please circle one			
Visa	MC	AM EX	Card No. _____
			Expiration Date _____

Name	_____	Amount	_____
Address	_____	Date	_____
Telephone	_____		

For Cashier's use only – Approval Code:

Please circle one			
Visa	MC	AM EX	Card No. _____
			Expiration Date _____

Name	_____	Amount	_____
Address	_____	Date	_____
Telephone	_____		

For Cashier's use only – Approval Code:

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