SAN JOSÉ STATE UNIVERSITY | RESEARCH FOUNDATION

Central Office Use Only Bitech Receipt #

Date: _____

Account/Object _____

Account Name _____

Department (Zip): _____

Contact Name _____

Phone Number: _____

Deposit

Cash: _____

Checks: _____

Credit Cards: _____

Total Deposit _____

Deposit Type

☐ Fees – Workshops, conferences, Events, etc. *(Provide detail below)*

☐ Travel Advance Reconciliation

Requisition # _____

☐ Other (Provide detail below)

Detail

Event Name: _____

_____

Description: _____

_____

Start Date: _____

End Date: _____

Location: _____

Event Manager: _____

Account Signer

Printed Name: _____

Signature: _____

Note

Please print and complete the form in ink. All changes must be initialed and dated. Incomplete information will result in a delay of crediting funds to your account.

*Effective January 1, 2007, all **donations** and **fund raising** events should be deposited at the Tower Foundation.*

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