SAN JOSÉ STATE UNIVERSITY | RESEARCH FOUNDATION

DATE: November 7, 2013

TO: Project Directors and Primary Account Signers

FROM: Paul E. Harris, Senior Director of Finance and Accounting PEH

SUBJECT: **DEPOSIT SUMMARY FORM - REVISION**

In response to our annual audit, we have revised the Research Foundation's Deposit Summary form and documentation requirement. A copy of the revised form is attached, and additional forms are available at http://sjsufoundation.org/html/sjsuf-employees-resources/forms.htm.

To bring our deposit transactions into compliance with audit standards, more specific information and documentation is necessary. Details of the type of revenue and the date range of classes, workshops, conferences, events, etc. is required with each Deposit Summary. This can be accomplished by ensuring each deposit is processed according to the following guidelines:

1. Using the new Deposit Summary Form (attached), check the appropriate box and write the name of the event, workshop, etc. as well as the start and end dates.

2. Provide copies of supporting documentation that supports the type or purpose of the deposit.

3. Separate deposits and forms for each type of deposit. (e.g. fees, events, travel reconciliation)

4. Please begin using the new Deposit Summary form and provide the required supporting documentation immediately and discard the old forms you have on hand.

Note: Programs that deposit funds for future events that cross fiscal years will be contacted by the Campus Program Analyst to provide additional transactional detail information in a spreadsheet format. The information may include transaction date, student or participant name, term, date range of term, item amount, item description, payment amount and account number.

If you have any questions, contact adele.ajimura@sjsu.edu. Thank you for your cooperation.

Attachment: New Deposit Summary form

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.*

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 ____________________
Address ____________________ Amount ____________
____________________ Date ____________
Telephone ____________________

For Cashier's use only – Approval Code:

Please circle one
Visa MC AM EX Card No. ____________________

Expiration Date

Name ____________________
Address ____________________ Amount ____________
____________________ Date ____________
Telephone ____________________

For Cashier's use only – Approval Code:

Please circle one
Visa MC AM EX Card No. ____________________

Expiration Date

Name ____________________
Address ____________________ Amount ____________
____________________ Date ____________
Telephone ____________________

For Cashier's use only – Approval Code:

Please circle one
Visa MC AM EX Card No. ____________________

Expiration Date

Name ____________________
Address ____________________ Amount ____________
____________________ Date ____________
Telephone ____________________

For Cashier's use only – Approval Code: