

GENERAL FUND – OPERATING ACCOUNT

DEPOSIT RECORD

Account Name & No.: _____

Type of Activity: _____

Amount of Deposit: \$ _____

Faculty/Staff: _____
Signature *Date*

Faculty/Staff: _____
Signature *Date*

Two signatures of faculty/staff members are required. The signatures represent that the money (cash and checks) was counted and the figure equals the money being deposited. No deposits will be received by the Business Office without two signatures.

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