

REVOLVING FUND

DEPOSIT RECORD

Name of Fund: _____
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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