



**CAMERON  
UNIVERSITY**

## Deposits - D6

Organization Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Description to use for Receipt: \_\_\_\_\_

### CASH

Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### CHECKS

Check #	Name on Check	Check Amount \$

Department: \_\_\_\_\_  
(Signature of person transmitting funds)

Cashier: \_\_\_\_\_  
(Signature of person receiving funds)

Deposit Amount into Organization account \$: \_\_\_\_\_

Deposit Amount for Tax (if applicable) \$: \_\_\_\_\_

**Total Deposit \$: \_\_\_\_\_**