



ASSOCIATED STUDENTS
SAN JOSE STATE UNIVERSITY

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Campus Organization Deposit Form

All fields must be filled out
Please Print

Account No. _____

Date: _____

Account/Student Organization Name:

(Please use your recognized name registered under student involvement. No abbreviations or acronyms)

Description:

(Where the money is coming from?)

| BREAKDOWN | | |
|--------------|-----------|--|
| COINS | \$ | |
| CURRENCY | \$ | |
| CHECKS | \$ | |
| TOTAL | \$ | |

No. of Checks: _____

Depositor Name (Print)

FOR OFFICE USE ONLY:

Depositor Signature

Whiztag #/initial