

## DEPOSIT SUMMARY CASHIERING

P.O. Box 720130 - San Jose, CA 95172-0130 - Ext. Zip: 0139

408-924-1400 - 408-924-1499 (fax)

*Please complete and print this form when making a deposit to a Research Foundation account. Any edits made to entered information must be crossed out, initialed, and dated. Incomplete information will result in a delay of crediting funds to the account. Please note that all SJSU **credit bearing** class payments must be deposited at the SJSU Bursar's office and effective January 1, 2007, all **donations** and **fund raising** events should be deposited at the Tower Foundation.*

### I. Department

Contact Name: _____	Account #: _____
Account Name: _____	Object Code: _____
Extention Zip: _____	Phone Number: _____

### II. Deposit Information

Fees - Workshops, Conferences, Events, etc... _____	Cash: _____
Other _____	Checks: _____
* Travel Advance Reconciliation _____	Credit Cards: _____
Requisition #: _____	Total Deposit: _____
(* Item III not required)	

### III. Deposit Detail

Event Name: _____	Description: _____
Start Date: _____	End Date: _____
Location: _____	Event Manager: _____

### IV. Authorization Signature

Authorized Account Signer: _____	Date: _____
----------------------------------	-------------

#### **Internal Use Only:**

Bitech Receipt #: _____	Date: _____
-------------------------	-------------