



Deposit Sheet

Date: _____

Associated Students, Inc.

Club/Organization Name : _____

Club/Organization Cash Net Account Number : _____

Depositor Name : _____

REVENUE SOURCE

- Cash Advancement
- Club membership fees
- Donation to Club If Checked, see Donation Revenue below
- Club Fundraising If Checked, see Fundraising Revenue below
- Misc. Revenue If Checked, see Misc. Revenue below

DONATION TO CLUB

For donation revenue, please forward the payment and donor information inclusive of name, address, phone number to the division of University Advancement for processing.

FUNDRAISING REVENUE

Did event generate revenue greater than \$5,000.00? If so, please follow up with Division of University Advancement.

MISC. REVENUE

Source of Misc. Revenue: _____

Is the revenue related to the exempt purpose of ASI/Stanslaus State? If so, please describe how:

- Conducted for the Purpose of generating income?
- Conducted on a regular basis? (More than 5x per semester)
- Performed by students/volunteers?
- Conducted for the benefit of Club/Org or Stanislaus State?

Yes	NO

Verified Amount \$ _____.

ASI Staff Name _____