



Date: _____

Deposit Sheet

Student Organization Name: _____

Student Organization Cash Net Account Number: _____

Depositor Name: _____

REVENUE SOURCE

- Student Org Membership Fees
- Cash Advancement If Checked, see Cash Advancement below
- Donation to Student Org If Checked, see Donation Revenue below
- Student Org Fundraising If Checked, see Fundraising Revenue below
- Misc. Revenue If Checked, see Misc. Revenue below

CASH ADVANCEMENT

Provide an explanation of your revenue source below.

DONATION TO STUDENT ORGANIZATION

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 provide a brief explanation attached to this copy.

VERIFICATION

- 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 Student Organization or Stanislaus State?

Yes	No

Verified Amount \$ _____.

ASI Staff Name _____