

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deposit Sheet**

**Student Organization Name: Student Organization Cash Net Account Number: Depositor Name:**

**REVENUE SOURCE**

# Club 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.

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# 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/Stanislaus State? If so, please provide a brief explanation attached to this copy.**

**VERIFICATION Yes No**

**Conducted for the Purpose of generating income?**

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| --- | --- |
|  |  |
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|  |  |
|  |  |

**Conducted on a regular basis?** (More than 5x per semester)

**Performed by students/volunteers?**

**Conducted for the benefit of Student Organization or Stanislaus State?**

**Verified Amount $** \_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_

**ASI Staff Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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