



BUSINESS OFFICE DEPOSIT SLIP FORM

SAC SPC SWC PAC NVC NLC DISTRICT

DATE: _____ TOTAL DEPOSIT AMOUNT: \$ _____

CASH \$ _____ CHECK # _____ \$ _____ EFT, ACH, or WIRE \$ _____

OR
FOAP*

DETAIL CODE	FUND	ORG	ACCT (5 digits) Cannot start with 6 or 8	PROG
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**Questions regarding the FOAP should be directed to the Campus Budget Office.*

SHORT DESCRIPTION: _____

EXPLANATION: _____

EMAIL: _____

DEPT. NAME: _____

PHONE #: _____

PREPARED BY: _____
Preparer Signature

Preparer Printed Name

AUTHORIZED BY: _____
REQUIRED *Authorizer Signature*

Authorizer Printed Name