

## **Student Affairs Business Office** Deposit Transmittal Form

## **Deposit Information:**

Date:			
Name of Person Mak	ing Deposit:		
Email Address for De	posit Receipt:		
Reason for Deposit:			
Any checks that are dated more than <u>60 calendar days</u> of the date of the deposit <u>will not</u> be accepted.			
C Membership Fee	s/Dues		Donations
🗌 Item Sales (ex: te	ee-shirts)		Event Ticket Sales
Item:		Eve	ent:
☐ Other:			
<u>Funds Deposit</u>	ed:		
Total Cash & Coins	\$		
Total Checks	\$		Number of Checks:
Total Credit Card	\$		
Deposit Total	\$		
Account Inform	mation:		
Name of Organization	n:		
Detail Deposit Code:	etail Deposit Code: Department ID:		nt ID:
<b>Questions?</b> Please email the Student Affairs Business Office at <u>SABO@uga.edu</u> and we will be happy to help!			