

FISCAL YEAR	
ORGANIZATION	DATE
PURPOSE OF DEPOSIT	
DEPOSIT CODE	
TOTAL CASH DEPOSIT	
TOTAL CHECK DEPOSIT	
TOTAL DEPOSIT	
AUTHORIZED SIGNATURE:	
AUTHORIZED SIGNATURE:	
BURSAR'S OFFICE SIGNATURE:	
FOR BURSAR OFFICE USE ONLY DATE RECEIVED AMOUNT RECEIPTED RECEIPT NUMBER	

This form and all cash/checks should be returned to the SWOSU Bursar Office within one business day of receiving the funds. Please attach a spreadsheet with donor names and amounts.