

Southern University System Foundation

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 Post Office Box 9562
 Baton Rouge, Louisiana 70813
 Phone #: (225) 771-3911
 Fax #: (225) 771-3242

ACCOUNT DEPOSIT FORM

Account Name: _____ Contact: _____
 Telephone #: _____ Date: _____

TYPE OF DEPOSIT

_____ Endowment Gift _____ Non-Endowment Gift _____ Cash _____ Fees
 _____ Repayment of Advance _____ Expense Refund _____ Donation(s) _____ Other

Please Specify Other: _____

Name of Donor or Payer	Check #	Amount	Documentation Attached Y/N
Total		\$	

NOTE: For audit purposes documentation from the source must be attached as it relates to the nature and designated use of these funds. Lack of this information will cause a delay in processing. Therefore, copies of all correspondence relative to the deposit must be attached. If the check is **not** made payable to Southern University System Foundation the donor's written permission is required to deposit these funds in the Foundation.

Received/Verified by: _____ Date: _____

*Upon verification and signature by authorized personnel in the Accounting office of the Southern University System Foundation, retain a copy for your records.