## SOUTHERNFOUNDATION

## **ACCOUNT DEPOSIT FORM**

retain a copy for your records.

| DATE |  |
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| Т  | YPE OF DEPO                 | OSIT               |              |                                |  |
|--|-----------------------------|--------------------|--------------|--------------------------------|--|
| Endowment Gift   | Non-Endowment Gift Cash     |                    | _ Cash _     | Fees                           |  |
| Donations  | Repayment of Advance Expens |                    | _ Expense    | se Refund                      |  |
| Other (Please Speci  | fy)                         |                    |              |                                |  |
|  |                             |                    |              |                                |  |
| Name of Donor or Payer   | Check Number                | Amou               | nt           | Documentation<br>Attached Y/N  |  |
|  |                             |                    |              |                                |  |
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|  |                             |                    |              |                                |  |
|  |                             |                    |              |                                |  |
|  | TOTAL                       | \$                 |              |                                |  |
|  | TOTAL                       | Ψ                  |              |                                |  |
| NOTE: For audit purposes documentation from the s funds. Lack of this information will cause a delay in be attached. If the check is not made payable to Sou to deposit these funds in the Foundation. | processing. Therefore,      | copies of all cor  | respondence  | e relative to the deposit must |  |
| Received/Verified by:  | Date:                       |                    |              |                                |  |
| *Upon verification and signature by authorized person  | onnel in the Accounti       | ng office of the S | outhern Univ | versity System Foundation,     |  |