Foundation for IUP G-1 Sutton Hall

DEPOSIT TRANSMITTAL FORM

Fund Name Fund Account Number Person Submitting Deposit		Department	
		Deposit Date	
		Phone #	
Type of Deposit	1Gift		
	2Non-	Gift	
	3Gift/	Non-Gift Combined	
Please complete combined incom	Section A & B if you a e.	re depositing non-gift or gift/non-gift	
SECTION A	Please provide an explanation of this deposit, i.e. "payments received from participants in annual conference."		
	,		

SECTION B Listing of individual checks and cash.

Person Submitting Deposit_____ Phone #____

NAME Please list the following information as it pertains to each situation: 1) For each person/institution, list benefit(s) received & dollar value. ** 2) Donation made, but rejected benefits.	CHECK#	NON-GIFT AMOUNT	GIFT AMOUNT	TOTAL		
** i.e. green fees/2 @ \$130; lunch/\$40; service charge/\$5; advertisement/\$100; dinner/3 @ \$50 = \$150; tickets/\$100 Fund Name Fund # Department						