WINSTON-SALEM STATE UNIVERSITY
Foundation

# FOUNDATION DEPOSIT SLIP

**Date** _____

**Name of Depositor** (Person dropping off deposit)

_____ _____

**Print** **Signature**

**Deposit Description** ☐ **Cash** $ _____ ☐ **Checks** $ _____

**Total Deposit** **$** _____

**Foundation Account Name** _____ **Account Number** _____

**Purpose of Deposit** _____
**(sales, fees, other income, reimbursement)**

## Checks

| Check # | Amount |
|---|---|
| | |
| | |
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| | |
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| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Total Checks** $ 0.00

## Cash

| Number of Bills | Currency | Total |
|---|---|---|
| | 100 | |
| | 50 | |
| | 20 | |
| | 10 | |
| | 5 | |
| | 2 | |
| 5 | 1 | |

**Total Cash** $ 0.00

| Number of Coins | Coins | Total |
|---|---|---|
| | Pennies | |
| | Dimes | |
| | Nickles | |
| | Quarters | |
| | Total Coins | 0.00 |

**Office Use Only**
Date Deposit Received _____ Received By _____