

Western University of Health Sciences 309 E. Second Street Pomona, CA 91766-1889 (909) 469-5403 (909) 469-5574 (909) 469-5404

TO:	Bursar's Office	
FROM:		Name of person that brings actual deposit and their title
SUBJECT	T: DEPOSIT SUMMARY	
DATE:		Date of actual deposit: Must be deposited within 72 hrs
Total number of checks for deposit: Total amount of cash for deposit:		Note: Number of checks only - DO NOT INCLUDE AMOUN Note: Cash Only - INCLUDE AMOUNT

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	Amount of Checks/Cash	Description
	4099	70899	40			
						Do not have to list each check individually;
						just put total amount of deposit and put
						brief description.
						Example: Membership - Dues
						If it is a Fundraiser - Bake Sale - BBQ
						Please put date of event
						List total amount of cash and
						checks separately
						ALL DEPOSITS MUST BE VERIFIED
						AT THE BURSAR'S OFFICE AND YOU
		_				MUST WAIT FOR A RECEIPT
	TOTAL				0.00	