



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:                       $\longleftrightarrow$  Name of person that brings actual deposit and their title

SUBJECT: **DEPOSIT SUMMARY**

DATE:                       $\longleftrightarrow$  Date of actual deposit: Must be deposited within 72 hrs

Total number of checks for deposit:                       $\longleftrightarrow$  Note: Number of checks only - DO NOT INCLUDE AMOUNT  
 Total amount of cash for deposit:                       $\longleftrightarrow$  Note: Cash Only - INCLUDE AMOUNT

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