



**Gordon State College  
Deposit Report**

Department/Agency/Club Name: \_\_\_\_\_

Date: \_\_\_\_\_

Depositor's Name: \_\_\_\_\_

Budget Administrator: \_\_\_\_\_

*Please note the budget will not be adjusted until you have provided your deposit receipt to the Budget Office.*

Description of Activity					Payment Source	Deposit Amount
					Cash	_____
					Check	_____
Purpose of Collecting Funds					Money Order	_____
					Credit Card	_____
					<b>Total Collected:</b>	_____
Fund	Program	Class	Department	Project	Account	
<i>Detail Code if there is one set up for the deposit:</i>						
<b>Sales &amp; Use Tax</b>						
<i>I acknowledge that sales tax must be collected for any monetary activity not considered a charitable donation.</i>					Tax Collected	_____
<small>Initial Here</small>					<b>Total Collected less Tax</b>	_____

<u>Deposit Breakdown:</u>	Total Checks: _____
	Total Cash: _____
	Total Money Orders: _____
	Total CCD Payments: _____
<i>(Must equal Total Collected above)</i>	<b>Total Deposit:</b> _____

I, the above named Depositor, certify by my signature that I have deposited the funds listed above to the Bursar's Office Personnel on the documented date of my signature.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date

<b><u>Bursar's Office Use Only:</u></b>	
Signature for receiving deposit: _____	
Date deposit received: _____	
Receipt Number in Banner: _____	Cashier initials: _____