



**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                   | _____          |
|   |         |       |            |         | <b>Total Collected less Tax</b> | _____          |
|   |         |       |            |         |                                 |                |

|   |                       |       |
|---|-----------------------|-------|
| <b>Deposit Breakdown:</b>                 | 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: _____ |