

STUDENT ACTIVITY DEPOSIT FORM

Organization Name: _____

Account No: _____

Submitted By: _____

Date: _____

Complete one form for each deposit

Subject to NYS Sales Tax: Yes No (Circle One)

Date of Sale	Description	#Sold	Price Per item	Total Sales		Deposit Detail
						Currency
						Coins
						Checks
						Subtotal
						Canadian\$

Total Sales

Total Deposit

Faculty Advisor: _____

Date: _____

Activity Treasurer: _____

Date: _____

Central Treasurer: _____

Date: _____