

STUDENT ACTIVITY DEPOSIT

Organization Name: _____ Account #: _____

Submitted By: _____ Date: _____

Complete one form for each deposit

Subject to NYS Sales Tax? YES NO (Circle One)

Is this deposit a donation? YES NO (Circle One)

Date of Sale	Description	# Sold	Price per item	Total Sales	Deposit Detail	
					Currency	
					Coins	
Combined Total Sales						
Date of Expense	Payee	Purpose		Amount	Checks	
					Subtotal	
Total Expenses					Canadian \$\$	
Actual Profit (Loss)					US Exchange Amt (for Central Treasurer use)	
					Total Deposit	

Faculty Adviser: _____ Date: _____

Activity Treasurer/Representative: _____ Date: _____

Central Treasurer: _____ Date: _____