

ACCOUNT DEPOSIT INSTRUCTIONS

1. Fill in your student organization name
2. Describe the type of deposit(s) in the description section
3. Fill in depositor name Cal State LA email
 - a. Can be any member listed as authorized signer
4. Fill in the **Fund and Program** section with your Student Organization Account Number (KXXXX)
5. Choose which Revenue Account that best describes your deposit:
 - a. Donations (tax deductible)
 - b. Operating Revenue (proceeds to benefit)
 - c. Membership Dues
 - d. Taxable Sales
6. Enter the amount per cash/money order and/or checks in the appropriate revenue account(s)
7. List each check separately as to check number, payor, and check amount for up to five checks
8. Write your Student Organization Account Number on the checks to be deposited
9. Add all the deposit amounts for the total deposit
10. Attach supporting documentation for each deposit, for example:
 - a. Bank Statement (initial deposit only)
 - b. Sales Receipt Log
 - c. Copy of signed CSI Event Registration Form
 - d. Copy of record for membership dues collected
- 11. All deposits without attached cash, checks, and appropriate supporting documents will not be accepted and will be returned for corrections.**
12. The student organization's president and treasurer must sign and date the student organization deposit form, and submit it to ASI, U-SU room 203
13. Deposits can be made Monday-Friday, 8:00 am - 3:00 pm. **No deposits will be accepted after 3:00 pm**
14. ASI will verify the deposit amount and follow Cal State LA Cash Handling Guidelines when processing the deposit.

RECOGNIZED STUDENT ORGANIZATION DEPOSIT FORM

Recognized Student Organization Name: _____

Description:
(i.e. Event, Membership Fees, Fundraiser, etc).

Name of Depositor: _____ Cal State LA Email: _____

Student Organization Authorization:

Account	Fund	Dept	Program	Budget Year
580090		784000		2024

President: _____
Print
Signature
Date

Treasurer: _____
Print
Signature
Date

Revenue Account	Cash/Money Order	Checks		Total Deposit
Total Deposit				

Checks	Check Number	Payor	Amount
1			
2			
3			
4			
5			

ASI Office Use Only

ASI Front Desk: _____ Date: _____

Cash: _____ Checks: _____ Total Deposit: _____

Verified By: _____ Date: _____

QC # _____ After depositing, transfer to acct# _____

