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
580090		784000	

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: _____

After depositing, transfer to acct# _____