

THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE
 PO BOX 320160. SAN FRANCISCO, CA 94132
DEPOSIT TRANSMITTAL

DC # _____

Prep. By _____

Date _____

Project Contact _____

Project Phone # _____

Department: _____

	CRS# 6 digits	Project# last 5 digits	Reference 1 (Payor: First, Last Name)	Type of Deposit Check/Money Order/ Cash/Foreign Drafts	Amount	Reference 2 (Additional Information: department, payroll, etc)	Dev
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

TOTAL

CONFIRMED BY

1. Please complete “**Type of Deposit**”
2. Any Check to be deposited, identified as a [1]”grant”; or, [2] from a federal, state, county or city agency; or [3] from a “Foundation” **must be** accompanied by documentation specifying the purpose and conditions of funding.
3. All checks should be properly endorsed to the SFSU Foundation (The Corporation, SF State).
4. Run an adding machine tape.