



INDIANA UNIVERSITY
OFFICE OF STUDENT ORGANIZATION ACCOUNTS
Bloomington

DEPOSIT SLIP

Organization Name: _____

Coin: \$_____ Currency: \$_____ Checks: \$_____

Total Deposit: \$_____

Deposit Detail:

Check BOX if Sale of Merchandise

Income Code: _____ Amount: \$_____

Income Code: _____ Amount: \$_____

Income Code: _____ Amount: \$_____

Income Code: _____ Amount: \$_____

Total of All Income Codes: \$_____

Depositor Printed Name

Date Prepared

Depositor Signature

Note: The total deposit and total income code(s) must be equal.