AS | ASSOCIATED STUDENTS

# AS Standard Deposit Worksheet

**STEP 1**

**** CHECKS for Deposit (IMPORTANT)**

REQUIREMENT FOR ALL CHECKS !

**(1) made payable to either "ASSOCIATED STUDENTS"....OR...."A.S."**

**(2) have the Department Code Number printed on the back upper-right corner**

**STEP 2**

Record the cash and checks components of your deposit according to their source.

| **Account:** | 410100 Program/Fundraiser | | 410300 Dues/Membership | | 410400 Fees/Fines | | | Total $ |
|---|---|---|---|---|---|---|---|---|
| **CASH** | | + | | + | | + | = | **0.00** |
| **CHECKS **** | | + | | + | | + | = | **0.00** |
| | | | | | | **Deposit Total** | = | **0.00** |

**STEP 3**

## Deposit Description (REQUIRED)

Provide brief description of revenue (ie: name of fundraising event, sales items, etc.)

_____

_____

**STEP 4**

| Fund # | Department # |
|---|---|
| | |

**STEP 5**

**Name of Club or Organization:** _____

**Person Depositing Funds:** _____ **Phone:** _____

**Email address:** _____


**ACCOUNTING SERVICES OFFICE**

**18111 Nordhoff Street, USU SW 100, Northridge, CA 91330-8350 Phone (818) 677-2389 Fax (818) 677-7731**


**AS Deposit Slip and other forms available on the following website: http://www.csunas.org**

ASSOCIATED STUDENTS | ACCOUNTING SERVICES

# Cash Receipt Log Form

**Department:** Outdoor Adventures **Month:** October 2019

| Date: | $ Amount: | Credit Card (Y/N): | Carrier (Print name): | Carrier's Initials: | Rec'd By (Signature): | Time Received: |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

***Please use black or blue ink only.***

**ACCOUNTING SERVICES OFFICE**
**18111 Nordhoff Street, USU SW 100, Northridge, CA 91330-8350**
**Phone (818) 677-2389 Fax (818) 677-7731**

ASSOCIATED STUDENTS | TICKET OFFICE

# Cash Receipt Log Form

**Department:** Accounting Services **Month:** October 2019

| Date: | $ Amount: | Carrier (Print name): | Carrier's Initials: | Rec'd By (Signature): | Time Received: |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

***Please use black or blue ink only.***

**ACCOUNTING SERVICES OFFICE**
**18111 Nordhoff Street, USU SW 100, Northridge, CA 91330-8350**
**Phone (818) 677-2389 Fax (818) 677-7731**