SOUTH MOUNTAIN COMMUNITY COLLEGE
DEPOSIT SLIP

Date of deposit: ____________ Amount of deposit: ________________

Name of club, organization or department: __________________________

Deposit funds into account #: ________________________________

Description of Activity: ________________________________________

________________________________________________________________

Please Note: Each club or organization MUST have signatures by the treasurer, president and advisor.

Signatures:

President: ______________________________________________________

Treasurer: _____________________________________________________

Advisor: ______________________________________________________

________________________________________________________________

Business Services Use Only

Date posted: ________________ Amount posted: ________________

Received by: ________________________

If you have any questions, issues, or concerns, please contact the Director of Student Life and Leadership at 602.243.8069.

Thank you!

Note: Club/Department make and keep copies of this for and check when making a deposit.