

DEPOSIT SLIP

Deliver to:
25 Main St. Suite 203

Do not use for donations/gifts

Chico State Enterprises ____
University Foundation ____

Key _____ - _____ - _____	Object _____	Amount _____	Type _____
Key _____ - _____ - _____	Object _____	Amount _____	Type _____
Key _____ - _____ - _____	Object _____	Amount _____	Type _____
Key _____ - _____ - _____	Object _____	Amount _____	Type _____

Description (e.g. camp fees, t-shirt sales, etc.) *REQUIRED*	Payer – write each individual or attach list	Amount	
Cash			
Check			
Credit Card			
Total Deposit			

Contact Name	Phone	Zip
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Authorized Project Signer _____ Date _____