

LEE UNIVERSITY
CLUB/CLASS DEPOSIT SLIP

DATE: _____

CLUB NAME: _____

ACCOUNT NUMBER: _____

SOURCE OF RECEIPTS:

AMOUNT OF DEPOSIT:

Student Fees/Dues _____

Sales of Merchandise _____

Concessions _____

Ticket Sales _____

Honorariums/Donations _____

Reimbursement (check # _____) _____

Other _____

NET DEPOSIT

Total Cash _____

Total Checks _____

Prepared by: _____ **Phone Number:** _____

Send Receipt: ___yes ___no

If yes, where should we send the receipt? _____