NOVA SOUTHEASTERN UNIVERSITY

STUDENT ACTIVITY FEE ACCOUNTS OFFICE

Check Deposit Slip

Date: _____

College: _____

Name of Club/Org.: _____

Preparer: _____

Daytime Phone: _____

Deposit Description: _____

_____

Preparer Signature: _____

Circle one: Dues Fundraiser

List Each Separately		Dollars	Cents
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
Check #	$		
TOTAL DEPOSIT	$		

Office Use Only