SUNY WESTCHESTER
FACULTY-STUDENT
ASSOCIATION

CASH/CHECK DEPOSIT REPORT

FULL NAME:

SIGNATURE: DATE:

PROGRAM: FUND/ACCOUNT NUMBER:

AMOUNT BE DEPOSIT:

CASH ☐ CHECKS ☐ AMOUNT OF FUNDS:

PURPOSE OF DEPOSIT:

CHECKS

QUANTITY	DOLLAR AMOUNT	EXTENSION

CASH

QUANTITY	DOLLAR AMOUNT	EXTENSION
	$100	
	$50	
	$20	
	$10	
	$5	
	$1	
	$0.25	
	$0.10	
	$0.05	
	$0.01	
	Other Cents/Change	

RECEIVED BY (FSA EMPLOYEES ONLY): DATE RECEIVED: