## Foundation for IUP Suite 419, Sutton Hall

## **DEPOSIT TRANSMITTAL FORM**

Fund Name  Fund Account Number  Person Submitting Deposit			Department			
			Deposit Date			
			Phone #			
Type of Deposit	1	Gift				
	2	Non-Gift				
	3	Gift/Non-C	Gift Combined			
Please complete combined incom	Section A & B e.	if you are de	positing non-gift or gift/non-gift			
SECTION A	Please provide an explanation of this deposit, i.e. "payments received from participants in annual conference."					

## **SECTION B** Listing of individual checks and cash.

Fund Name\_\_\_\_\_\_ Fund #\_\_\_\_\_ Department\_\_\_\_\_

Person Submitting Deposit\_\_\_\_\_ Phone #\_\_\_\_

NAME  Please list the following information as it pertains to each situation:  1) For each person/institution, list benefit(s) received & dollar value. **  2) Donation made, but rejected benefits.	СНЕСК#	NON-GIFT AMOUNT	GIFT AMOUNT	TOTAL	
** i.e. green fees/2 @ \$130; lunch/\$40; service charge/\$5; advertisement/\$100; dinner/3 @ \$50 = \$150; tickets/\$100					