

NSU FOUNDATION, INC.
TRANSMITTAL FORM

RE: FUNDS TO BE DEPOSITED INTO NSU FOUNDATION

Funds to be deposited as follow:

Name of Fund: _____

Fund Number (Optional): _____

Department Submitting Funds: _____

Amount being deposited: \$ _____

Number of checks/money orders: _____ Amount \$ _____

Amount of cash amount: _____ Amount \$ _____

Number of Credit Cards: _____ Amount \$ _____

TYPE OF DEPOSIT - PLEASE CHECK

Donor Gift(s): _____

Event Fee(s): _____

Name of Event _____

Were these funds generated from an event that was sponsored via your departmental budget? Yes _____ No _____

Name of Depositor (Please Print) _____

Signature _____

Date: _____ *Contact Number:* _____

For office use/do not write below

Received by: _____

Date: _____