



ASSOCIATED STUDENTS
SAN JOSE STATE UNIVERSITY

General Services Center
One Washington Square
Student Union, Room 1800
San Jose, CA 95192-0229

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as.sjsu.edu

Campus Organization Deposit Form

All fields must be filled out
Please Print

Account No. _____

Date: _____

Account/Student Organization Name:

(Please use your recognized name registered under student involvement. No abbreviations or acronyms)

Description:

(Where the money is coming from?)

Fundraiser

Membership Dues

Other

BREAKDOWN

COINS	\$	
CURRENCY	\$	
CHECKS	\$	
TOTAL	\$	

No. of Checks: _____

Depositor Name (Print)

FOR OFFICE USE ONLY:

Depositor Signature

Whiztag #/initial