MBOE STUDENT ACTIVITY FUND
DEPOSIT RECORD FORM for TUITION ACCOUNTS

DATE of DEPOSIT: _____

SCHOOL NAME / GROUP NAME_____

Total $ cash in deposit (if any) _____

Total $ checks in deposit _____

TOTAL $ AMOUNT of DEPOSIT:_____

The items in **bold** type MUST be completed before sending to Grants Office. All other items are as applicable. ALL CHECKS MUST BE ENDORSED with deposit stamp prior to being sent to this office. A tape totaling the amount of checks enclosed should be included with the paperwork also.

Date Rcvd	**Name**	**Payment Amount**	**Received Ck #**	**Period**