



## STUDENT SENATE DEPOSIT FORM

DATE: \_\_\_\_\_

CLUB #: \_\_\_\_\_

NAME OF CLUB: \_\_\_\_\_

NAME OF ADVISOR: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CASH TOTAL: \_\_\_\_\_

CHECK TOTAL: \_\_\_\_\_

GRAND TOTAL: \_\_\_\_\_

SIGNATURES:

DEPOSIT MADE BY: \_\_\_\_\_

ADVISOR: \_\_\_\_\_

ASSISTANT FOR FINANCIAL ANALYSIS:

\_\_\_\_\_

Student Activities / Student Senate Office

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Siek Campus Center, Room 210 / (518) 629 7348 / (518) 629 7496 fax  
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