Date: ____________

Amount of deposit: ________________________________

Name of person depositing: ________________________________

Please circle one: Income Gift Reimbursement

Business Purpose/Explanation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Workday COA: ________________________________

If this is a reimbursement (e.g. Yale paid for the original expense) please indicate original transaction information (Invoice or ER#): ________________________________

(Note: if this is from a fundraiser, please list which items were sold)

Add'l Notes: ________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Check List:

Have you provided a copy of:

□ Invoice

□ ER report (If this a reimbursement)