CHECK/CASH DEPOSIT FORM

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)