

Deposit Transmittal

Date Submitted	Department Name

All checks should be made payable to "LSU Health Sciences Foundation" and accompanied by documentation indicating the donor intent and restrictions.
The Foundation will receipt gifts of \$5 and above. Please personally acknowledge gifts to your department.

Four Digit Project #	Payor's Name	Brief Description	Check # or Cash (CSH)	Amount	Value of Goods or Services	Designation (Check One)	
						Donation	
						Sales	
						Seminar	
Contact Information:						Memorial	
						Other	
	Telephone #	Address:	City	State	Zip		
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***All deposits containing cash must be hand-delivered to the Foundation Office**

****Use as many sheets as necessary then total and sign at the end.**

Sub-Total Cash	
Sub-Total Checks	
Total Deposit	

Prepared by: _____
Please Print

Title: _____

Signature: _____

Phone: _____ E-mail: _____