## **AGENCY ACCOUNT DEPOSITS**

Date://		
Account Name:		
Account Number:		
Person Delivering Funds:		
Description of Funds:		
Total Amounts by Money:	Checks	\$
	Cash	\$
	Coin	\$
	Total Deposit	\$
Authorized by:		Counted by:
Account Owner		Agency Accounts Representative

When depositing checks, please attach an itemized list of all the checks, including a tape of all checks. The reverse side of all checks should reference your six-digit account number.

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## AGENCY DEPOSIT SLIPS

DEPOSIT SLIP ASA - AGENCY ACCOUNT	DEPOSIT SLIP ASA - AGENCY ACCOUNT	DEPOSIT SLIP ASA - AGENCY ACCOUNT
ACCT #	ACCT #	ACCT #
Date:	Date:	Date:
Cash \$	Cash \$	Cash \$
Coin \$	Coin \$	Coin \$
Check	Check	Check
# \$	#\$	# \$
Check	Check	Check
#\$	#\$	#\$
Check	Check	Check
# \$	#\$	#\$
Check	Check	Check
#\$	#\$	#\$
Grand Total \$	Grand Total \$	Grand Total \$