

**FSU RESEARCH FOUNDATION
PROGRAM INCOME DEPOSIT FORM**

Department Name _____

Date _____

Cash	\$
Checks	\$
Money Orders	\$
Other	\$
TOTAL	\$

DEPOSIT TO:

FundWare Account #:	Object Code	Amount

Signature of Person Responsible for Deposit _____

Print Name _____

Phone Number _____

FSURF USE ONLY			
PROCESSED BY:	Print Name:	Signature:	Date:

Hand deliver deposit and support documentation to:

FSU Research Foundation
Third Floor, Student Services Building
644-8650