

Southwestern Oklahoma State University Foundation, Inc.

DATE

Deposit Request Form

100 Campus Drive Weatherford, OK 73096 (580) 774-3267

DEPARTMENT NAME: _____

DEPARTMENT CHAIR:			
PERSON COMPLETING FORM:			
All checks must be made payable to either: - SWOSU Foundation - Southwestern Oklahoma State Univers - the Fund name			versity Foundation, Inc
FUND NUMBER F	UND NAME _		
Name & Address of Payee		Payment Amount	Purpose* of Payment
1			
2			
3			
4			
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6			

Instructions:

- DO NOT WRITE ON CHECKS
- Prepare a separate form for each fund
- Name of Payee is the individual or company making the payment if a company, please provide the contact's name
- *Purpose examples: donation, T-shirt purchase, sponsorship, meal, raffle ticket, equipment purchase

Deposit Total (Pg. 1)

Deposit Total (Pg. 2)

Total Deposit

- Complete page 1 and page 2 as needed
- Include any accompanying documentation, correspondence, envelopes, etc. received with the item
- Department Chair must initial where indicated
- Make one copy for your records drop off or send via campus mail to Burton House

DEPT CHAIR'S INITIALS*

*indicates your approval of form completion

SWOSU Deposit Request Form (Continued)

	Name & Address of Payee	Payment Amount	Purpose* of Payment	
7	Name & Address of Payee	Payment Amount	rui pose oi rayment	
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DEPOSIT TOTAL (Pg. 2)				