



ALAMO COLLEGES

SAN ANTONIO COLLEGE Business Office

Deposit of Funds Request Form

Date : \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_

Detail Code : \_\_\_\_\_ Or FOAP \_\_\_\_\_ Fund \_\_\_\_\_ Org \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_

Description : \_\_\_\_\_

Comments : \_\_\_\_\_

Cash Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Prepare by : \_\_\_\_\_ Please Print Full Name

Authorized by : \_\_\_\_\_ Department Chair or Account Manager Dept. Ext



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