

FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

DEPOSIT TRANSMITTAL

Date: _____
Department: _____
Contact: _____
Telephone: _____

Project Name: _____
Project ID: _____
Account Number: _____

REMITTANCE AMOUNT: \$ _____

DEPOSIT TYPE:

Check #: _____
 Cash Deposit #: _____
 Credit Card: _____
 Type: _____
Card Number: _____
Expiration Date: _____

Gift
 Royalties
 Expense Reimbursement
(attach copy of original payment.)
 Pledge Payment
 Loan Reimbursement
 Chapter Dues: _____
 Ticket Event (Must attach copy of event notice/flyer.)
 Component Amount: \$ _____
 Other: _____

NOTE: If more than one check for the same purpose and account, please complete Check List.
Must include all donor correspondence which clarifies donor intent in order to facilitate
the processing of this deposit.

ACKNOWLEDGMENT:

Solicitor: _____
Check Payer: _____
Donor to be Acknowledged: _____
Title of Donor: _____

Address: Home Business Additional Comments:

_____ _____

Telephone: Home Business

_____ _____

Received By: _____
Date: _____