



Western University of Health Sciences  
 309 E. Second Street Pomona, CA 91766-1889  
 (909) 469-5403 (909) 469-5574 (909) 469-5404

TO: Bursar's Office

FROM: [Redacted]

SUBJECT: DEPOSIT SUMMARY

DATE: [Redacted]

Total number of checks for deposit: [Redacted]

Total amount of cash for deposit: [Redacted]

Name of person that brings actual deposit and their title

Date of actual deposit: Must be deposited within 72 hrs

Note: Number of checks only - DO NOT INCLUDE AMOUNT

Note: Cash Only - INCLUDE AMOUNT

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	Amount of Checks/Cash	Description
	4099	70899	40			
						Do not have to list each check individually;
						just put total amount of deposit and put
						brief description.
						Example: Membership Dues