OFFICE OF DEVELOPMENT

Other Revenue Deposit Transmittal

Department_____ Account no. _____ Date_____

This deposit contains only one of the following. Please specify: ❒ Cash/Checks ❒ Credit Card

Please specify only one account number per sheet. Other Revenues are deposited into Foundation Accounts.

1. This form is for **Other Revenue only** - defined as book sales, fees for services, t-shirt sales, etc.
2. Attach copies of all correspondence received from donors and any other supporting documents.
3. Each gift must be listed individually.
4. Please be specific in describing the "Purpose" of the Other Revenue.
5. This form should be transmitted to: University of New Orleans Foundation Office, East Campus.
6. PLEASE PRINT OR TYPE ALL INFORMATION. These templates are available through e-mail.

PAYEE	AMOUNT	PURPOSE

Total: _____

Prepared by:_____ Ext:_____ R-01/99