

Gift Transmittal Form

Student Organization Name: _____ Account Number: _____ Date: _____

Check#/Cash	Amount	Donor name	Address	E-mail
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				
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<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash				

Organization Authorized Signer: _____ Received by: _____

FOR A.S. ACCOUNTING OFFICE USE ONLY

Fund Account Number: _____ Total Amount Received \$ _____ Check Request Processed by: _____

Deposit Completed by: _____ Date _____



For assistance completing this form, please contact Associated Students at 619-594-6555 or email asaa@mail.sdsu.edu. Completed forms should be turned into the A.S. Business Office, Conrad Prebys Aztec Student Union, Suite 320.