

# FSA AGENCY ACCOUNT DEPOSITS

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Person Delivering Funds: \_\_\_\_\_

Description of Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amounts by Money:	Checks	\$ _____
	Cash	\$ _____
	Coin	\$ _____
	Total Deposit	\$ _____

Authorized by:

Counted by:

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Lisa Carter, FSA Financial Controller

When depositing checks, please attach an itemized list of all the checks, including a tape of all checks.  
The reverse side of all checks should reference your three-digit account number.

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# ASA AGENCY DEPOSIT SLIPS

<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____	<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____	<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____	<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____
<b>Coin</b> \$ _____	<b>Coin</b> \$ _____	<b>Coin</b> \$ _____	<b>Coin</b> \$ _____
<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____
<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____
<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____
<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____	<b>Check</b> # _____ \$ _____
<b>Grand Total</b> \$ _____	<b>Grand Total</b> \$ _____	<b>Grand Total</b> \$ _____	<b>Grand Total</b> \$ _____

