

FLORIDA STATE UNIVERSITY
 SPONSORED RESEARCH
PROGRAM INCOME DEPOSIT FORM

 Department Name

 Date

Cash	\$
Checks	\$
Money Orders	\$
Other	\$
TOTAL	\$

DEPOSIT TO:

DeptID	Fund	Project	Account 601309	Amount
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 Signature of Person Responsible for Deposit

 Print Name

 Phone Number

SRAS USE ONLY			
PROCESSED BY:	Print Name:	Signature:	Deposit Date:

Hand deliver deposit and support documentation to:

SRAS Cash Receipts Accountant
 Florida State University
 Sponsored Research Accounting Services
 Third Floor, Student Services Building
 644-5260