

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 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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AGENCY DEPOSIT SLIPS

DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ Date: _____	DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ Date: _____	DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ Date: _____	DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ Date: _____
Coin \$ _____	Coin \$ _____	Coin \$ _____	Coin \$ _____
Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____
Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____
Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____
Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____	Check # _____ \$ _____
Grand Total \$ _____	Grand Total \$ _____	Grand Total \$ _____	Grand Total \$ _____