

**MISSISSIPPI STATE UNIVERSITY FOUNDATION
DEPOSIT OF NON-GIFT CASH**

Checks _____

Cash _____

Total Deposit _____

IF A RETURN RECEIPT IS DESIRED, PROVIDE AN EXTRA COPY AND INCLUDE YOUR MAIL STOP DEPOSIT TO ACCOUNT(S)

Fund (6)	Org (6)	Account (6)	Program (6)	Amount
TOTAL THIS PAGE				

DESCRIPTION (Up to 25 Characters)

MEMO: (Will not be entered by Cashier)

PREPARED BY: _____ DEPT: _____

DATE: _____ TELEPHONE #: _____

SUBMITTED BY: _____

SIGNATURE: _____