

RIDER UNIVERSITY DEPOSIT FORM



TO: Cashier's Office
 YOUR NAME: _____
 DEPARTMENT: Recreation Programs
 DATE: _____
 SPORT: _____
 TEAM NAME: _____

Index*	Fund	Organization	Account*	Program	Amount	30 Character Description for Data Entry
	112101		232004		\$20.00	
						(write your name in the box above)
Total Deposit					\$ 20.00	

CASH & COIN	20.00
CHECKS	_____
AMEX	_____
VISA, MC, DISC CC	_____
TOTAL	20.00