

SUNY College of Optometry Faculty Student Association

To: Ms. Jewel Chua, College Bursar

From: _____

Date: _____

Please deposit the following into the Faculty Student Association bank account, as indicated below.

Sub-Total Cash	\$ _____
Sub-Total Checks	\$ _____
Total Deposit	\$ _____

(see listing of checks on back or attach copies of checks)

Source of funds (please check one)

Contributions (5810) <input type="checkbox"/>	Vending Machine (5830) <input type="checkbox"/>
Program Fees (5820) <input type="checkbox"/>	Membership Dues (5850) <input type="checkbox"/>
Instruments (2490) <input type="checkbox"/>	Fundraising (5860) <input type="checkbox"/>
Other (please specify) <input type="checkbox"/> _____	

Organization (please check one)

Class of _____ <input type="checkbox"/>	AOSA (FAOS) <input type="checkbox"/>
COVD (FCOV) <input type="checkbox"/>	BSK (FBSK) <input type="checkbox"/>
Instruments (FEQU) <input type="checkbox"/>	FSO (FFCO) <input type="checkbox"/>
Student Council (FSTU) <input type="checkbox"/>	Graduate Class (FGRA) <input type="checkbox"/>
Leo's (FLEO) <input type="checkbox"/>	NOSA (FNOS) <input type="checkbox"/>
SVOSH (FSVO) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/> _____

Category (please check one)

Fundraising <input type="checkbox"/>	Educational Enrichment <input type="checkbox"/> (e.g. books, trips, courses)
Social Activities <input type="checkbox"/>	Other (please specify) <input type="checkbox"/> _____

