



Graduate School Deposit Form

Date: _____

Currency:

Coin:

Checks:

Credit Cards:

Total Amount:

* Attach Tape

*Attach Settlement Report

Purpose: Repayment of Graduate School Emergency Fund Loan

Student M#: _____
Student Name: _____
Student Phone #: _____

Index	Fund	Org	Acct Code	Amount
D91180	N00002	28019	E966E	

Email address: Jacque Smith (jacque@mtu.edu)

Deposited by: _____

Signature: _____

Department Name: Graduate School

Telephone Number: (906) 487-1434

Deposits with missing data or incorrect cash totals will be returned. Please call 487-2622 if you have any questions.