UNIVERSITY of NEW ORLEANS Foundations

Other Revenue Deposit Transmittal

Department_____ Account no. _____ Date_____

This deposit contains only one of the following. Please specify: ☐ Cash or ☐ Checks

For Credit Card transactions, please use the Credit Card Deposit Transmittal.

Please specify only one account number per sheet. Other Revenues are deposited into Foundation accounts.

1. This form is for **Other Revenue only** - defined as book sales, fees for services, t-shirt sales, etc.
2. Attach copies of all correspondence received from payers and any other supporting documents.
3. Each payment must be listed individually.
4. **Please be specific** in describing the "Purpose" of the Other Revenue.
5. This form should be transmitted to: University of New Orleans Foundations, Advanced Technology Center, Ste. 420.
6. PLEASE PRINT OR TYPE ALL INFORMATION. These templates are available through e-mail.

PAYEE	AMOUNT	PURPOSE

Total: $_____

Prepared by:_____ Ext:_____