



UNIVERSITY of
NEW ORLEANS
Foundations

Special Events 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. Special event income is deposited into Foundation accounts.

1. This form is for **special events contributions income only** such as banquets, concerts, golf tournaments, etc.
2. Attach copies of all correspondence received from participants and any other supporting documents.
3. Each payment must be listed individually.
4. Please be sure to list contact name and address if not in supporting materials.
5. This form should be transmitted to: University of New Orleans Foundation Office, ATC room 420.
6. PLEASE PRINT OR TYPE ALL INFORMATION. These templates are available through e-mail.

Please specify special event: _____ Date of event _____

Please estimate **participant benefit** or **non tax deductible** amount of single ticket/admission: \$ _____

NAME OF DONOR	NO. Of TKTS	AMOUNT	CONTACT (if other than donor) Specify address if not on supporting documents.

Total: \$ _____

Prepared by: _____

Ext: _____