



Yale SCHOOL OF MANAGEMENT

CHECK/CASH DEPOSIT FORM

Date: _____

Amount of deposit: _____

Name of person depositing: _____

Please circle one: Income Gift Reimbursement

Business Purpose/Explanation:

Workday COA: _____

If this is a reimbursement (e.g. Yale paid for the original expense) please indicate original transaction information (Invoice or ER#): _____

(Note: if this is from a fundraiser, please list which items were sold)

Add'l Notes: _____

Final Check List:

Have you provided a copy of:

- Invoice
- ER report (If this a reimbursement)