



THE UNIVERSITY AT ALBANY FOUNDATION

Deposit Transmittal for **Special Events**

Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

PLEASE ATTACH ALL APPROPRIATE DOCUMENTATION, LETTERS OF TRANSMITTAL, SUPPORTING DETAIL, ETC.

Name	Hard credit	Soft credit	Address or AIS ID# (for gifts only)	Gift Amount	Payment Amount	Total
1.	<input type="checkbox"/>	<input type="checkbox"/>				
2.	<input type="checkbox"/>	<input type="checkbox"/>				
3.	<input type="checkbox"/>	<input type="checkbox"/>				
4.	<input type="checkbox"/>	<input type="checkbox"/>				
5.	<input type="checkbox"/>	<input type="checkbox"/>				
6.	<input type="checkbox"/>	<input type="checkbox"/>				
7.	<input type="checkbox"/>	<input type="checkbox"/>				
8.	<input type="checkbox"/>	<input type="checkbox"/>				
9.	<input type="checkbox"/>	<input type="checkbox"/>				
10.	<input type="checkbox"/>	<input type="checkbox"/>				
11.	<input type="checkbox"/>	<input type="checkbox"/>				
12.	<input type="checkbox"/>	<input type="checkbox"/>				
13.	<input type="checkbox"/>	<input type="checkbox"/>				
14.	<input type="checkbox"/>	<input type="checkbox"/>				
15.	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Total:</b>						

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Signatory Name: \_\_\_\_\_

Dev. Officer Name: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_  
 (If applicable)

I certify that these funds should be deposited in The University at Albany Foundation and not in a State account and UAF approval has been received for this event revenue. Any restrictions on gifts will be adhered to and properly accounted for.

Authorized Signatory or Development Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* FOUNDATION USE ONLY \*\*\*\*\*

G/L / DSD Code:

Authorization: _____	Campaign Code: _____	Special Handling: _____	
Date: _____	Reminder: _____	Batch #: _____	
SEE OVER <input type="checkbox"/>	Solicitor: _____		