

**LOUISIANA STATE UNIVERSITY AT ALEXANDRIA
OFFICE OF ACCOUNTING SERVICES**

AGENCY DEPOSIT REQUEST

Date of Request

Agency Name

Contact Information:

Contact Name

Contact Phone Number

Email Address

Deposit Information:

Cash Amount to Deposit

Check or Money Order Amount to Deposit

Amount of Deposit

Source of Revenue

AG

RC0118

Agency Number

Revenue Category

Verification Information:

Agency Authorized Signature

Printed Name

Date

Accounting Services Signature

Date

*****A COPY OF ALL CHECKS OR MONEY ORDERS MUST BE ATTACHED*****

*****AGENCY NAME MUST BE WRITTEN ON ALL CHECKS OR MONEY ORDERS*****