

**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\*\*\***