

# MURRAY GRADUATE STUDENT CENTER DEPOSIT FORM

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All Information in This Section Must Be Completed  
In Order to Ensure Effective Processing

Today's Date: \_\_\_\_\_

GSA Department: \_\_\_\_\_

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

GSA Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**Full description of Deposit:** \_\_\_\_\_

Checks Total:       \$ \_\_\_\_\_

Cash Total:         \$ \_\_\_\_\_

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

(GSA Deposit Transaction Spreadsheet must be attached)

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## Approval Section

GSA Representative Signature: \_\_\_\_\_

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

Associate Dean for Grad Student Life \_\_\_\_\_

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