

Faculty of Health Sciences Deposit Form

Available for Download at <http://www.fhs.mcmaster.ca/finance/resacct.htm>

Note: All cheques should be payable to "McMaster University"

To: **FHS Finance** Date: _____ From: _____
HSC - 1B7
x22106 Dept: Obs/Gyn Ext: _____

DEPOSIT OF CASH _____ CHEQUE _____ in CURRENCY: CDN _____ US _____ OTHER _____

NAME OF ISSUER (PAYER) OF CHEQUE: _____

AMOUNT	CHEQUE #	CHEQUE DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		
\$ _____	-	_____

ACCOUNT #(6-digit) FOR DEPOSIT: _____ SUBCODE(S) (4-digit): _____

TYPE OF PAYMENT: INCOME _____ REIMBURSEMENT _____ Other: _____
 Attach backup documentation (including cheque stub).

Explanation for Deposit (MUST be completed):

FOR RESEARCH INCOME ONLY (Ledge 8 Accounts:)	CSD Project # is REQUIRED (e.g. 2000H03131): _____
SPONSOR: _____ (same as account printout)	PRINCIPAL INVESTIGATOR (P/I): _____
If this is PRIVATE SECTOR (INDUSTRY FUNDED) income, is there a funding agreement in place? Y N	
If no , please contact CSD, ext 22465. NOTE: Cheques CANNOT be deposited without appropriate documentation (ie. funding agreements, ethics or biohazard approvals) on file in respective area offices (CSD, Ethics Office, or Safety Office).	

DEPARTMENT AUTHORIZATION (Manager or delegate): _____
Name Signature

HSC Finance use only: Reviewed by: _____ Receipt #P: _____ Date Deposited: _____