FACULTY OF HEALTH SCIENCES – DEPOSIT FORM

NOTE: All cheques must be made payable to McMaster University

To: FHS Finance

HSC 3H9

Date: _____ From: _____

Dept: _____ Ext: _____

Email: _____

Check box if a receipt is required ☐

Deposit type:

CASH _____ CHQ _____ Money Order _____

Currency type: **only one currency type per deposit form*

CAD ____ USD ____ Other _____

Name of Issuer: _____ **Cheque Date:** _____

Cheque #: _____

BU	Fund	Acct #	Dept	Program	Project	Amount
						$
						$
						$
						$

***Note: Attach a list of payees, if funds being deposited to the same account number when there are multiple payments.*

TYPE of Payment :

Income: ____ Reimbursement: _____ Other: ___ (attach backup)

Explanation of deposit MUST BE COMPLETED

_____

_____

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

Department Authorization: _____ _____

(Name) (Signature)

HSC Finance use only Reviewed by: _____ Dep ID #: _____ Deposit Date: _____