



SUNY COLLEGE OF OPTOMETRY

Faculty Student Association

DEPOSIT FORM

To: Erin Angarola, College Bursar

From:

Date:

Please deposit the following into the Faculty Student Association bank account, as indicated below:

Sub-Total Sub-Total Total Deposit for: \$
 Cash \$ Checks \$

(Name of Program, Fundraiser,
 Professional Society, etc.)

Source of funds (please check one)		
Contributions (5810)	Membership dues (5850)	Cap & Gown (5880)
Program Fees (5820)	Fundraising (5860)	Yearbook (5890)
Organization (please check one)		
Class of	Gold Key (FGOL)	Student Council (FSTU)
AOSA (FAOS)	CCOSA Chinese (FCCO)	CCOSA Ride Prog (FCAB) SVOSH (FSVO)
SAPHA (FAPH)	NJSOA - (FNJS)	EyeBall (FEYE)
BSK (FBSK)	SPECtrum - (FSPE)	NORA (FNOR)
COSA - California (FCOS)	CTSAO - Connecticut (FCTS)	CLEAR (FLCA)
COVD (FCOV)	Lion's Club (FLEO)	Vision Walk (FWLK)
CSA / CAOS - Canadian (FCSA)	NOSA (FNOS)	ACE (FACE)
Residency (FRES)	NYSOA (FNYS)	JOA (FJOA)
FCO (FFCO)	SAAO (FSAA)	SGS - GLAUCOMA (FSGS)
Graduate Class (FGRA)	SOAPP (FPPC)	OITC - Technology (FOIT)
MOSA (FMOS)	Project LETs:	Other:

Authorized Signature of
 Organization/Class
 Officer

Date:

Vito J. Cavallaro

Date: