



**LANE COMMUNITY COLLEGE & LCC FOUNDATION
Deposit Transmittal for College or Foundation Funds**



Use this form to submit cash and check deposits to LCC or LCC Foundation. Deposits applying the rent split formula or those going to the LCC Foundation MUST use this form. Please deliver CASH and CHECKS, along with this form, in person to College Finance. In-Kind donations must be submitted to the Foundation using the Foundation Gift-In-Kind Form. Submitting MULTIPLE checks or cash items: For the same designation (Fund or FOAP), attach all related correspondence. DO NOT staple or tape items to this form. Use a separate form for each different designation (Fund or FOAP).

FINANCIAL DETAIL

CHECK TOTAL: \$ _____ **CASH TOTAL: \$** _____ **GRAND TOTAL: \$** _____

COLLEGE FUNDS: \$ _____ **ACCOUNT #:** _____

(FOAP: XXXXXX-XXXXXX-XXXXXX-XXXXXX)

If Rental Revenue: Amount will be split 50% to dept revenue; 25% facilities maintenance & replacement; 25% General Fund overhead.

Does the deposit qualify for Rental Revenue split? YES NO

LCC FOUNDATION FUNDS: \$ _____ **ACCOUNT/PROJECT #:** _____ *(4-DIGITS: XXXX)*

JUSTIFICATION DETAIL

Were goods and/or services received in relation to these funds? YES NO

If YES, please describe the good and/or services and the value of each:

Were these funds generated through sales? YES NO

If YES, please describe the sale activity:

Were these funds generated through fundraising or special event? YES NO

If YES, please list the event name and description of event:

SPLIT GIFTS

If the revenue generated is a combination of gift and non-gift revenue, please annotate how much each is included in this deposit.

GIFT TOTAL: \$ _____ **NON-GIFT TOTAL: \$** _____ **DEPOSIT TOTAL: \$** _____

I certify that these funds should be deposited in the: LCC FOAP listed above _____ Foundation Fund listed above _____

Any restriction on gifts will be adhered to and properly accounted for. All relevant information pertaining to the nature of this deposit has been disclosed and any supporting documentation or correspondence has been attached.

DEPARTMENT APPROVAL REQUIRED

Department Designee: _____ Date: _____
(Printed Name) (Signature)

Department Name: _____ Phone: _____

SIGNATURES REQUIRED FOR FOUNDATION REQUESTS

Executive Dean: _____ Date: _____
(Printed Name) (Signature)

College Finance Designee: _____ Date: _____
(Printed Name) (Signature)