



Brightpoint COMMUNITY COLLEGE

Office of Student Activities
www.brightpoint.edu
studentactivities@brightpoint.edu

Student Activities Deposit Form

Organization: _____
Source of Funds: _____
Amount Deposited: _____
Amount Breakdown: (cash, check, etc.) _____

Deposit Received in the **Office of Student Activities** on: ___/___/___ (date)
By: _____
Title: _____

Student Representative: _____
Email or Phone No.: _____
Organization Advisor/Sponsor: _____
Email or Phone No.: _____
Additional Comments/Special Instructions: _____

Deposit Received in the **Business Office:**
On: ___/___/___ (date)
By: _____



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