



Office of Student Activities
www.brightpoint.edu/services/student-activities/
studentactivities@brightpoint.edu

Student Activities Deposit Form

Organization: _____

Source of Funds: _____

Amount Deposited: _____

Amount Breakdown: (cash, check, etc.) _____

Student Representative: _____

Email or Phone No.: _____

Organization Advisor/Sponsor: _____

Email or Phone No.: _____

Additional Comments/Special Instructions:

Deposit Received in the **Office of Student Activities**

on ____/____/_____(date)

By: _____

Title: _____

Deposit Received in the **Business Office**

on ____/____/_____(date)

By: _____



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