FACULTY OF HEALTH SCIENCES DEPOSIT FORM

Available for Download at http://www.fhs.mcmaster.ca/finance/resacct.htm

Note: All cheques should be payable to "McMaster University"

To: **FHS Finance**   Date: _____   From: _____
HSC-2E47
x22106   Dept: _____   Ext:

DEPOSIT of CASH ____ CHEQUE ____   in CURRENCY: CDN ___ US ___ OTHER _____

NAME OF ISSUER (PAYER) OF CHEQUE:

AMOUNT: $_____   CHEQUE #:_____   CHEQUE DATE: _____

ACCOUNT #(6-digit) FOR DEPOSIT:_____   SUB-CODE(S) (4-digit):_____
_____   _____
_____   _____

TYPE OF PAYMENT: INCOME ___   REIMBURSEMENT ___ OTHER ___
Attach backup documentation (including cheque stub).

Explanation for Deposit (**MUST** be completed):

_____

_____

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

DEPARTMENT AUTHORIZATION (Manager or delegate): _____
                                                    Name   Signature

HSC Finance use only: Reviewed by _____ Receipt #P _____   Date Deposited: _____

Revised Nov 2004