



Submitted By: _____

Signature: _____

NON-CHARITABLE RECEIPTS

Department: _____

Date: _____

Checks \$ _____

WKU Research Foundation Account Name

Currency \$ _____

Coin \$ _____

WKU Research Foundation Account Number

Credit Card \$ _____

TOTAL \$ _____

Explanation of Income: (Name, Amount, Reason for Deposit)

<u>Name</u>	<u>Amount</u>	<u>Reason for Deposit</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____
11. _____	\$ _____	_____
12. _____	\$ _____	_____
13. _____	\$ _____	_____
TOTAL	\$ _____	