

ARF Deposit Form

AGRICULTURAL RESEARCH FOUNDATION
1600 SW Western Blvd, Suite 320
Corvallis, OR 97333
Oregon State University

ARF USE ONLY - Form rev 5.5
DATE: _____
DEPOSIT#: _____

Submitted On: _____

FROM: _____
(Department)

Project Account # _____

Amount of Check: _____

ARF 5% Fee: _____

Account Name: _____

Project Leader: _____

Donor Name (not address): _____

FUNDING TYPE:

Contract Funding (sponsored project from ag organization, etc.)

Gift (for specific PI / research program)

Other/Refund/Reimbursement (specify) _____

APPROVAL: _____
Department Head or Unit Leader

Date: _____

INSTRUCTIONS

1. If a single check is to be split between more than one ARF account please use a separate form for each account.
2. Staple check to bottom portion of form.
3. If you have multiple checks for a single account, use 1 form only. Attach all checks below.
4. Please DO NOT send Cash through the mail.