

Saint Joseph's College

Deposit Slip - Credit Cards

Contact Person: _____ Ext: _____

Dept: _____ Date: _____

	Description/Event	Credit Cards
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
Cost Center/GL # _____ / _____		
	Totals	\$ -