

Saint Joseph's College

Deposit Slip - Cash and Checks

Contact Person: _____

Ext: _____

Dept: _____

Date: _____

	Description/Event	Cash	Checks
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	\$ -	\$ -