

Saint Joseph's College

Deposit Slip

Contact Person _____

Ext: _____

Dept: _____ Date: _____

<u>POST TO:</u>	<u>Cash</u>	<u>Checks</u>	<u>Charges</u>
G/L#/Cost Center _____ / _____			
G/L#/Cost Center _____ / _____			
G/L#/Cost Center _____ / _____			