

Loyola University Maryland Deposit Summary

Department: _____

Date: _____

Rev Category: _____ or Spend Category: _____

Fund: _____

Cost Center: _____

Program: _____

Activity: _____

Checks \$ _____

Credit Cards \$ _____

Currency \$ _____

Coins (must be rolled) \$ _____

Total \$ _____

SAS USE ONLY

Received By: _____

Date: _____

Comments: _____

COMMENTS:

Name of Depositor:

Date:

Phone Extension:
