

Boston College Law School
Deposit Slip

Date: _____

Name: _____

Name of Student Organization or Event: _____

Event Date and Description: _____

Cash: _____

Checks: _____

Total Deposit: _____

Please sign below after Fiscal Officer has verified amount of deposit.

Student Signature

Date

Law School Representative

Date

Office Use:

Dept ID Fund Code Fund Source Program Function Property Account
