

Loyola University Maryland Deposit Summary

Department _____

Date: _____

Rev Category: _____ or Spend Category: _____

Fund: _____

Cost Center: SAS USE ONLY

Received By: _____

Date: _____

Comments:

SAS USE ONLY

Received By: _____

Date: _____

Comments: _____

Total \$ _____

COMMENTS:

Name of Depositor

Date:

Phone Extension:
