

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