



Health

School of Health Professions

**Financial Service Center
Deposit Memorandum
(Route 0117)**

Date: _____

Locker rental fee

Amount	\$20	Cash	\$ _____
*Locker Rental is for one year, expires on August 15th		Checks	\$ _____
		Charge	\$ _____
		TOTAL	\$ _____

FRS Account No./Commodity code:		CFS BU	Fund	Op Unit	Dept	Class
270050-470030 (ASA Disc)	\$ -	UTMBG	230	13088	131200	13088

Students - Please go to Bursar's Office in Rebecca Sealy building to pay the amount due for the locker rental, then return receipt to Charlene Lozano, 4.224 in SHP.

Bursar Return Deposit Documentation To:

Name Charlene Lozano Ext 23030
Department SHP - Academic & Student Affairs Route 1136