



Health

School of Health Professions

Financial Service Center Deposit Memorandum (Route 0117)

Date: _____

Description:
Deposit for locker rental fee

Amount	Cash	\$ _____
	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 Return Receipt To: Charlene Lozano, 4.224

Bursar Return Deposit Documentation To:

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