COLLEGE OF THE Holy Cross

Journal Entry

Date:_____

Explanation:_____

_____

_____

ACCOUNT	FUND	DEPT	PROGRAM	CLASS	PROJ/GRANT	DEBIT	CREDIT	LINE DESCRIPTION
						$ 0.00	$ 0.00	

Prepared by:_____
Print Name

Prepared by:_____ Ext. _____
Signature

Approved by:_____
Print Name

Approved by:_____ Ext. _____
Signature

Return to: Controller's Office
159 O'Kane
Email to: MStewart@holycross.edu