CLEAR FORM
MCPS

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

CENTRALIZED INVESTMENT FUND DEPOSIT/WITHDRAWAL

PART I: TO BE COMPLETED BY SCHOOL

School Name _____ School Account Number _____

Sub-Account Name _____ Sub-Account Number _____

☐ **Deposit**

Check Number _____

Amount $ _____

☐ **Withdrawal**

☐ Withdrawal via fax request (send original in pony)

Amount $ _____

Authorization:

_____ ____/____/____ _____ ____/____/____

Signature, Principal's Designee *Date* *Signature, Principal* *Date*

PART II: TO BE COMPLETED BY FUND COORDINATOR

Date Received ____/____/____

Receipt Number _____

Amount $ _____

Deposit Date ____/____/____

☐ Confirm fax withdrawal

Date of Check ____/____/____

Check Number _____

Amount $ _____

_____

Signature, Fund Coordinator

MCPS Form 280-44 Rev. 2/01

DISTRIBUTION: Send WHITE and YELLOW COPIES to Fund Coordinator; PINK COPY/Retain at School; YELLOW COPY/Will be returned to school with check or as verification of deposit.