

Centralized Investment Fund Deposit/Withdrawal



Division of Financial Services
Office of the Chief Financial Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

**MCPS Form 280-44
July 2018**

PART I: TO BE COMPLETED BY SCHOOL

School Name _____ School Account Number _____

Sub-Account Name _____ Sub-Account Number _____

Deposit Amount \$ _____

Authorization:

Print Name of Principal/Designee _____

Signature, Principal/Designee _____

Date ___/___/___

Withdrawal Amount \$ _____

Authorization:

Print Name of Principal _____

Signature, Principal _____

Date ___/___/___

PART II: TO BE COMPLETED BY FUND COORDINATOR

Date Received ___/___/___

Amount \$ _____

Date Received ___/___/___

Amount \$ _____

Date ___/___/___ Process Started ___:___ a.m. p.m. Process Ended ___:___ a.m. p.m.

Name of Fund Coordinator _____ Signature, Fund Coordinator _____

DISTRIBUTION: E-mail to CIF@mcpsmd.org; Retain a copy at the school