

MONTGOMERY COUNTY PUBLIC SCHOOLS

Centralized Investment Fund Deposit/Withdrawal

Division of Financial Services
Office of Finance
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: TO BE COMPLETED BY SCHOOL

School Name _____ School Number _____

CIF Sub-Account Name _____ CIF 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 ____/____/____

Date Received ____/____/____

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

Name of Fund Coordinator _____ Signature, Fund Coordinator _____

DISTRIBUTION: Email the completed form to CIF@mcpsmd.org; Retain a copy at the school