

# 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 and 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 \_\_\_/\_\_\_/\_\_\_

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