

**MILFORD BOARD OF EDUCATION
STUDENT ACTIVITY FUND
DEPOSIT RECORD FORM**

DATE of DEPOSIT: _____

SCHOOL NAME / GROUP NAME: _____

AMOUNT of DEPOSIT: _____

CLASS/ACCOUNT/PURPOSE: _____

The items in **bold** type MUST be completed before sending deposit slips to Grants Office. All other items are optional.

ATTACH DEPOSIT SLIP(S) IN THE SPACE BELOW AND FORWARD ASAP.