

LOS ANGELES COUNTY OFFICE OF EDUCATION
DIVISION OF SCHOOL FINANCIAL SERVICES
DEPOSIT INFORMATION FORM

District/Agency Code: _____

District/Agency Name: _____

Date of Request: _____

Anticipated Date of Deposit: _____

Deposit Amount: _____

Deposit Method: _____ ACH or _____ Wire
(Mark "X")

Source of Fund: _____
(e.g. U.S. Dept. of Education)

Deposit Description: _____
(e.g. PELL, SEOG, etc.)

Income Account Number
for Journal Entry: _____

Payment Request Control No.: _____

Person of Contact:

Print Name and Title

Signature

Date

Please email the completed form to the attention of:

Los Angeles County Office of Education
Division of School Financial Services
Revenue & Apportionment Unit
Email: SFSRevenue@lacoed.edu

If you have any questions, please call Deposit Permit Desk at (562) 922-6453.