Deposit Slip for MOSAIC SYSTEM
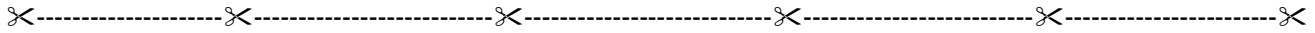
`..................`
: Your account is low..... :
`..................`

DATE: _____

Please provide the following information and submit with your payment. If sending money for more than one account, list all students and amounts to each account. To insure correct deposit amounts go into correct account, ALL INFORMATION NEEDS TO BE COMPLETED. Make checks payable to: Food Service Program

ID# _____ **School**_____ Student Name _____ Amount of Deposit $_____

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ID# _____ **School**_____ Student Name _____ Amount of Deposit $_____

ID# _____ **School**_____ Student Name _____ Amount of Deposit $_____

Family Name _____ Phone # _____

Circle One:

Check #_____

or

Cash

✂--------------------✂------------------------✂------------------------✂-----------------------✂----------------------✂

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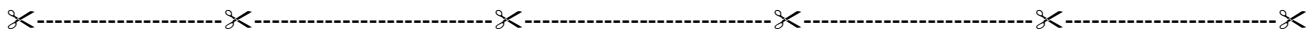
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