

MARYLAND LIBRARY ASSOCIATION

**DEPOSIT FORM
(FINANCIAL TRANSACTION RECORD FORM #1)**

Submit this form with all deposits sent to the MLA office.

Date submitted: _____

Date of Activity: _____

Type of Activity (If program, give title): _____

Person(s) responsible:

Name(s): _____

Address: _____

Telephone: _____

TOTAL DEPOSIT \$ _____

**SEND DEPOSIT TO THE MLA OFFICE
1401 Hollins Street
Baltimore, MD 21223**