



**DEPOSIT SLIP FOR SVSD
FOOD SERVICE DEPARTMENT**

DATE _____

NAME _____

ID # _____

AMOUNT _____

All money is deposited in to the student's account for cafeteria purchases only.

**Make checks payable to:
SVSD Food Service**

Mail to:
Schuylkill Valley SD
Food Service Dept.
929 Lakeshore Drive
Leesport, PA 19533

**Envelopes may also be handed
in to the school.**



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