

PAY-IN

OTTOVILLE LOCAL SCHOOL DISTRICT

P.O. Box 248, 650 W. Third Street, Ottoville, OH 45876

Date: _____

SOURCE OF MONEY RECEIVED – PURPOSE		
ACTIVITY SPONSOR (Approved)		
ACTIVITY TREASURER (Signed)		
TO BE COMPLETED BY CASHIER		
Date Received	Amount Recorded	Receipt No.
RECEIVED FROM:		
CASHIER'S SIGNATURE:		

CURRENCY: \$ _____	
COINS: \$ _____	
CHECKS: (Please list – Continue on Back)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL CHECKS: \$ _____	# CHECKS ____
TOTAL DEPOSIT AMOUNT: \$ _____	
ATTACH CARBON COPY OF DEPOSIT SLIP WHEN MONEY IS DEPOSITED	

CODE FOR THIS DEPOSIT:

DESCRIPTION	TI	FUND	RECEIPT	SCC	OU	AMOUNT

***ATTACH SUPPORTING DOCUMENTATION OF THE DEPOSIT TO THIS FORM.**