

# PAY-IN

## OTTOVILLE LOCAL SCHOOL DISTRICT

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

Date: \_\_\_\_\_

<b>SOURCE OF MONEY RECEIVED</b>			<b>CURRENCY:</b> \$ _____			
<b>PURPOSE OF MONEY RECEIVED</b>			<b>COINS:</b> \$ _____			
<b>ACTIVITY ADVISOR (Signed)</b>			<b>CHECKS: (Please list – Continue on Back)</b>			
<b>ACTIVITY TREASURER (Signed)</b>			_____			
<b>TO BE COMPLETED BY CASHIER</b>			_____			
<b>Date Received</b>	<b>Amount Recorded</b>	<b>Receipt No.</b>	_____			
			_____			
<b>RECEIVED FROM:</b>			_____			
<b>CASHIER'S SIGNATURE:</b>			_____			
			<b>TOTAL CHECKS:</b> \$ _____ <b># CHECKS</b> _____			
			<b>TOTAL DEPOSIT AMOUNT:</b> \$ _____			
			<b>ATTACH CARBON COPY OF DEPOSIT SLIP WHEN MONEY IS DEPOSITED</b>			

### CODE FOR THIS DEPOSIT:

DESCRIPTION	TI	FUND	RECEIPT	SCC	OU	AMOUNT

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