

# 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>PURPOSE OF MONEY RECEIVED</b>		
<b>ACTIVITY ADVISOR (Signed)</b>		
<b>ACTIVITY TREASURER (Signed)</b>		
TO BE COMPLETED BY CASHIER		
<b>Date Received</b>	<b>Amount Recorded</b>	<b>Receipt No.</b>
<b>RECEIVED FROM:</b>		
<b>CASHIER'S SIGNATURE:</b>		

<b>CURRENCY: \$</b> _____	
<b>COINS: \$</b> _____	
<b>CHECKS: (Please list – Continue on Back)</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.**