

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:		

COINS: \$ _____
CURRENCY: \$ _____
CHECKS: (Please list – Continue on Back)

TOTAL CHECKS: \$ _____ # CHECKS: _____
TOTAL DEPOSIT AMOUNT: \$ _____
<i>ATTACH DUPLICATE COPY OF DEPOSIT SLIP WHEN MONEY IS DEPOSITED.</i>

CODE FOR THIS DEPOSIT:

DESCRIPTION	TI	FUND	RECEIPT	SCC	OU	AMOUNT

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