

# PAY-IN ORDER

TO BE COMPLETED BY ACTIVITY TREASURER:

\_\_\_\_\_ Student Activity

Program Fund \_\_\_\_\_, Ohio

Date \_\_\_\_\_

To The Credit Of \_\_\_\_\_  
(ACTIVITY PROGRAM FUND)

Activity Account No. \_\_\_\_\_

Source \_\_\_\_\_

|                           |    |  |
|---------------------------|----|--|
| Coins .....               | \$ |  |
| Currency .....            |    |  |
| Checks (List Separately): |    |  |
|                           |    |  |
|                           |    |  |
|                           |    |  |
|                           |    |  |
|                           |    |  |
|                           |    |  |
|                           |    |  |
| Total Pay-In .....        | \$ |  |

\_\_\_\_\_ ACTIVITY TREASURER

Approved: \_\_\_\_\_  
ACTIVITY SPONSOR

ATTACH DUPLICATE COPY OF DEPOSIT SLIP WHEN MONEYS DEPOSITED BY OTHER THAN CLERK—CUSTODIAN.

TO BE COMPLETED BY CLERK-CUSTODIAN:

No. \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

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

Name Of Payee: \_\_\_\_\_

Signed: \_\_\_\_\_  
CLERK-CUSTODIAN