

# PAY-IN ORDER

To Be Completed By Activity Treasurer:

\_\_\_\_\_ Student Activity Program Fund - Hamilton, Ohio

Date \_\_\_\_\_

To The Credit Of \_\_\_\_\_  
(Activity Program Fund)

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

Coins	\$
Currency	\$
Checks (list Separately)	\$
<b>Total Pay-In</b>	<b>\$</b>

Approved by: \_\_\_\_\_  
(Signature Activity Treasurer)

Approved by: \_\_\_\_\_  
(Signature Activity Sponsor)

Attach duplicate copy of deposit slip when money is deposited by other than clerk-custodian.

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To Be Completed By Clerk-Custodian: No. \_\_\_\_\_

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

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

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

\_\_\_\_\_  
(Signature of Clerk/Treasurer)