

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)	\$
Total Pay-In	\$

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.

To Be Completed By Clerk-Custodian: _____ No. _____

Amount Received: \$ _____

Date Received: _____

Name of Payee: _____

(Signature of Clerk/Treasurer)