

**HURON CITY SCHOOLS  
PAY-IN FORM**

School: \_\_\_\_\_

City: \_\_\_\_\_, Ohio

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

To the Credit of \_\_\_\_\_  
(Activity Fund)

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

Source \_\_\_\_\_

Coins _____	\$
Currency _____	
Checks (list separately using check #, name, bank)	
Total Pay-In _____	\$

\_\_\_\_\_  
*Cashier or Activity Treasurer*

Approved: \_\_\_\_\_  
*Activity Sponsor or Principal*

**ATTACH DUPLICATE COPY OF DEPOSIT SLIP WHEN MONEYS DEPOSITED BY  
OTHER THAN CASHIER AT BOARD OF EDUCATION.**

To Be Completed By Board of Education Cashier

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

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

Date Recorded: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Board of Education Cashier*