

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