Columbiana County Educational Service Center

PAY-IN ORDER

To Be Completed By Activity Treasurer:

DATE:_____

TO THE CREDIT OF:_____

ACTIVITY ACCOUNT #:_____SOURCE:_____

Coins.....$_____

Currency.....$_____

Checks (list separately):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

TOTAL CHECKS: $_____

TOTAL PAY-IN.....**$**_____

Approved:_____

(Activity Coordinator/Treasurer)

Remit to: Treasurer _____

NO:_____

AMT. RECEIVED.....$_____
DATE RECEIVED.....
VERIFYING INITIALS.....