

PAULDING EXEMPTED VILLAGE SCHOOLS PAY-IN ORDER

FUND/ACTIVITY NAME: _____ DATE: _____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

Fund Receipt SCC Subject OU

Description

Checks listed separately (please use back if more space is needed):

_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____

Checks\$ _____

1'S _____ X 1 = _____	20'S _____ X 20 = _____
5'S _____ X 5 = _____	50'S _____ X 50 = _____
10'S _____ X 10 = _____	100'S _____ X 100 = _____

Currency\$ _____

Coins\$ _____

Total Pay-in\$ _____

Signature of person making the pay-in