PAY IN/DEPOSIT FORM

TODAY'S DATE: _____ TREASURER RECEIVED: _____

TO THE CREDIT OF: _____

AMOUNT:	DESCRIPTION (REQUIRED):	BUDGET UNIT	ACCOUNT
			R_____
			R_____
			R_____
			R_____

		AMOUNT:
	CASH	
	CHANGE	
LIST CHECKS SEPARATELY		
NAME ON CHECK:	**CHECK #:**	**AMOUNT OF CHECK:**
TOTAL DEPOSIT (CASH, CHANGE, CHECKS)		

ADVISOR: _____ RECEIPT #. _____

PRINCIPAL/SUPERVISOR: _____ A.P. INITIALS: _____

BROOKFIELD LOCAL SCHOOLS 614 BEDFORD RD.S.E. BROOKFIELD, OHIO 44403