

**MIAMI TRACE LOCAL SCHOOL DISTRICT  
PAY-IN**

(TO BE COMPLETED BY TEACHER/ACTIVITY COORDINATOR)

SCHOOL: \_\_\_\_\_ CASHIER RECEIPT # \_\_\_\_\_

DATE: \_\_\_\_\_ FUNDRAISER/FEE COLLECTION # \_\_\_\_\_

TO THE CREDIT OF: (FUND) \_\_\_\_\_

COINS \$ \_\_\_\_\_

CURRENCY \$ \_\_\_\_\_

CHECKS: (LIST SEPARATELY)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL PAY-IN \$ \_\_\_\_\_

\_\_\_\_\_  
TEACHER/ACTIVITY COORDINATOR SIGNATURE

\_\_\_\_\_  
CASHIER SIGNATURE

\_\_\_\_\_  
DATE