

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