CHILLICOTHE CITY SCHOOLS
PAY- IN FORM

Date _____

Receipts _____ - _____

Activity Name _____

Type of Sale _____

Coins (Put number of each)

pennies		nickles		dimes	
quarters		half dollars		$ coins	

Total Coins - 0

Currency (Put number of each)

ones		fives		tens			
twenties		fifties		hundreds		twos	

Total Currency - 0

Checks (List Separately)

Total Checks -

#	Last Name	Amount	#	Last Name	Amount

Total Pay-In = 0

ACTIVITY STUDENT TREASURER SIGNATURE

ACTIVITY ADVISOR SIGNATURE

PRINCIPAL SIGNATURE