REV. DP1-2014

ATHENS COUNTY

Pay-In #: _____

Departmental Pay-In Form

Cash: _____

Department: _____

Check: _____

Date: _____

Credit Card: _____

Total Pay-In: 0

Direct Deposit: _____

Fund Name: _____

Total: 0

Revenue Account #:	Description:**	Project #:	Amount:

_____
Authorized Signature

Copies of checks must be provided with all Pay-In's

**Note: Please enclose a Quarterly Statement or other documentation from the grantor for grant Pay-Ins if available.

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