REV. DP1-2014

# ATHENS COUNTY

Pay-In #: _____

Departmental Pay-In Form

Cash: _____

Department: _____

Check: _____

Date: _____

Credit Card: _____

Total Pay-In: $ 0.00

Direct Deposit: _____

Fund Name: _____

Total: $ 0.00

| 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.

D-2