

ATHENS COUNTY

Departmental Pay-In Form

Pay-In #: _____

Cash: _____

Check: _____

Credit Card: _____

Direct Deposit: _____

Total: _____

Department: _____

Date: _____

Total Pay-In: _____

Fund Name: _____

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.