

ACTIVITY PAY IN

TO BE COMPLETED BY ACTIVITY TREASURER OR ADVISOR:

FUND NAME _____ COST CENTER _____

SOURCE OF INCOME _____

COINS..... \$ _____

CURRENCY..... \$ _____

CHECKS (PLEASE LIST SEPARATELY)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL PAY IN _____

TREASURER'S OFFICE USE ONLY:

RECEIPT NUMBER _____

AMOUNT RECEIVED: \$ _____

DATE RECEIVED _____

SIGNED _____
TREASURER'S OFFICE