ARCADIA PAY-IN

To be completed by Activity Advisor:

Date _____

Student Activity _____

Event _____

| Coins .... | $ |

| Currency .... | $ |

Checks (**list separately – Additional space on back**)

NAME	CHECK NUMBER	AMOUNT	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	$

TOTAL PAY-IN .... $

Completed by:_____
                                        Activity Advisor

===

PAY-IN #_____

Amount Received $_____

Date Received   _____

Received From   _____

Signed: _____
                                        Depositor

(Revised 11/2009)

NAME	CHECK NUMBER	AMOUNT
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