

**Newbury Local School District
Pay-In**

Date _____

Fund/Activity _____

Reason _____
(i.e. fundraiser name, field trip, team, etc.)

	Currency		
	Coin		
	Ck#	Name	CkAmt
		Total Checks	
		Total PayIn	

Depositor's Signature _____

** Please attach this form to any cash or checks which are given to Treasurer's Office for deposit with bank

To Be Completed by Treasurer's Office:

Amount Received _____
Date Received _____

Signature of Treasurer's Office _____