

Fairfield County Departmental Pay-In Form

Date Submitted:		Total Pay-in Amount:	
Originating Department:			

Note: Grant pay-ins require a quarterly statement or similar documentation, along with copies of the check or check stub to be attached..

#1	Org Number	Object Number	AR Charge Code	Project Number (if applicable)	Program Code	
Revenue Account						
Complete Description (What is the revenue for?)						
Dates of Service or Grant Period						
Paying Agent (Who is the money from?)				EFT-Ach Type		
\$ Amount			Auditor Use Only			
			A/R Item: Y / N	Type: E / NE / DTNE / GMNE		

#2	Org Number	Object Number	AR Charge Code	Project Number (if applicable)	Program Code	
Revenue Account						
Complete Description (What is the revenue for?)						
Dates of Service or Grant Period						
Paying Agent (Who is the money from?)				EFT-Ach Type		
\$ Amount			Auditor Use Only			
			A/R Item: Y / N	Type: E / NE / DTNE / GMNE		

To the Auditor of Fairfield County:

I hereby certify that all fees, costs, penalties, percentages, allowances and perquisites of whatever kind collected by my office as of the date stated above for my official services, amount to the above and that the same are fully shown, both in detail and in the above stated aggregate amount, by the book of accounts which I am by law required to keep and which is a part of the records of said office and open to inspection.

I therefore hereby apply to you for your warrant to pay the said amount into the County Treasury to the credit of the fund(s) named above, as required by law.

Signature: _____