



# ROBERT SPRAGUE

## TREASURER OF OHIO

### CONTINGENCY FUND DEPOSIT FORM

<b>Receipt date:</b>
<b>Amount:</b>

<b>Description*:</b>
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\* Description must include payee, bank name, bank account number funds were drawn on, how the funds arrived at TOS (i.e.; through the mail). Documentation attached.

<b>Deposit to Account:</b>	
TOS Provisional Funds TCCA 600-424-600	
State Regular (GRF)	

<b>Deposit Date:</b>
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<b>Authorized Agency signature:</b>	<b>Date:</b>
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<b>Revenue Management Department Use</b>	
<b>Approve:</b>	
<b>Deny:</b>	
<b>If deny, alternative:</b>	
<b>Authorized signature:</b>	<b>Date:</b>