



JOSH MANDEL

STATE TREASURER OF OHIO

CONTINGENCY FUND DEPOSIT FORM

Receipt date:
Amount:

Description*:

* 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.

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

Deposit Date:

Authorized Agency signature:	Date:
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Revenue Management Department Use	
Approve:	
Deny:	
If deny, alternative:	
Authorized signature:	Date: