

## PAY - IN CORRECTION FORM

Date \_\_\_\_\_

To: Wood County Auditor's Office

From: \_\_\_\_\_

**Pay - In Number:** \_\_\_\_\_ **Pay - In Date:** \_\_\_\_\_  
Reason for Correction: \_\_\_\_\_  
\_\_\_\_\_

<b>From ( - ):</b>		<b>Amount</b>	<b>To ( + ):</b>		<b>Amount</b>
Revenue			Revenue		
Code			Code		

**Pay - In Number:** \_\_\_\_\_ **Pay - In Date:** \_\_\_\_\_  
Reason for Correction: \_\_\_\_\_  
\_\_\_\_\_

<b>From ( - ):</b>		<b>Amount</b>	<b>To ( + ):</b>		<b>Amount</b>
Revenue			Revenue		
Code			Code		

Posted By:	
Date Posted:	

Signature of Elected Official or Department Head