

PAY - IN CORRECTION FORM

Date _____

To: Wood County Auditor's Office

From: _____

Pay - In Number: _____ **Pay - In Date:** _____
Reason for Correction: _____

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

Pay - In Number: _____ **Pay - In Date:** _____
Reason for Correction: _____

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

Posted By:	
Date Posted:	

Signature of Elected Official or Department Head