

**CARROLL COUNTY PUBLIC SCHOOLS  
WESTMINSTER, MARYLAND**

Pay To:

Date:

Employee I.D. Number:

Address:

All spaces must be completed for I.R.S. purposes

<b>DATE</b>	<b>DESCRIPTION / PURPOSE</b>	<b>AMOUNT</b>	<b>TOTAL</b>
	Total		

<b>FY</b>

<b>FND</b>	<b>CLA</b>	<b>CAT</b>	<b>PROG</b>	<b>SERV AREA</b>	<b>ACT</b>	<b>PROJ</b>	<b>CC</b>

<b>OBJ</b>	<b>SUB OBJ</b>

Signature:

Department or School:

Approval Signature: