CARROLL COUNTY PUBLIC SCHOOLS
WESTMINSTER, MARYLAND

Pay To: _____ Date: _____

Employee I.D. Number: _____

Address: _____

_____

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

DATE	DESCRIPTION / PURPOSE	AMOUNT	TOTAL
	Total		

FY

FND	CLA	CAT	PROG	SERV AREA	ACT	PROJ	CC

OBJ	SUB OBJ

Signature: _____

Department or School:_____

Approval: _____