



DISTRICT SCHOOL BOARD OF PASCO COUNTY CONSOLIDATED BANKING JOURNAL ENTRY FOR CORRECTIONS

MIS Form #118
10/20

JE # _____
Effective Date _____

_____ Cost Center Name _____ Cost Center Number

ACCOUNT NUMBER CURRENTLY CHARGED

Fund	Cost Center	Level	Project	Object	Function	Group	Credit
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____

ACCOUNT NUMBER TO BE CHARGED

Fund	Cost Center	Level	Project	Object	Function	Group	Debit
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____

Detailed Reason Funds Are Being Moved (Attach Supporting Documents in TCM):

P.O NUMBER	CHECK NUMBER	P-CARD STMT ID #	DATE PAID

_____ "From" Sponsor Approval _____ Date

_____ "To" Sponsor Approval _____ Date

_____ Signature of Cost Center Administrator _____ Date

_____ Entered By _____ Date