



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
CONSOLIDATED BANKING JOURNAL ENTRY  
FOR JOURNAL PAYMENTS**

MIS Form #120  
10/20

JE # \_\_\_\_\_

Effective Date \_\_\_\_\_

\_\_\_\_\_  
Cost Center Name

\_\_\_\_\_  
Cost Center Number

**PAYMENT FROM:**

<u>Fund</u>	<u>Cost Center</u>	<u>Level</u>	<u>Project</u>	<u>Object</u>	<u>Function</u>	<u>Group</u>	<u>Amount of Reduction</u>
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____

**PAYMENT TO:**

<u>Fund</u>	<u>Cost Center</u>	<u>Level</u>	<u>Project</u>	<u>Object</u>	<u>Function</u>	<u>Group</u>	<u>Amount of Increase</u>
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____

**Description of Purchase/Service (Attach Supporting Documents in TCM):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
"From" Sponsor Approval (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
"To" Sponsor Approval (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cost Center Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entered By

\_\_\_\_\_  
Date