



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
JOURNAL VOUCHER REQUESTS**

MIS Form #213
Rev. 04/19

_____ COST CENTER NAME

_____ Cost Center Number

JE # _____
Entry Date _____

EXPENSE ACCOUNT NUMBER CURRENTLY CHARGED

1	2	3	4	5	6	7	8
Fund	Cost Center	Level	Project	Object	Function	Group	Credit
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

P. O. NO.	CHECK NO.	CHARGE NO.	DATE PAID
-----------	-----------	------------	-----------

--	--	--	--

EXPENSE ACCOUNT NUMBER TO BE CHARGED

1	2	3	4	5	6	7	8
Fund	Cost Center	Level	Project	Object	Function	Group	Credit
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

What is the reason for the adjustment?

_____ SIGNATURE OF COST CENTER ADMINISTRATOR

_____ DATE

District Use Only

Approved By: _____

Date: _____