DOCUMENT I.D.	C	P	-								APPLICATION AREA	C	2		ACCOUNTING RULE		DATA ENTRY
EFFECTIVE											TOTAL	$					Date _____
FUND I.D.	0										DATA TYPE CODE				LEVEL OF FUNDS CHECK		Initials _____

Line No.	OBJECT	CENTER Location	Program	Funct.	$ DR AMOUNT	$ CR AMOUNT	LD CR - 60	EXPLANATION	REF.
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
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14									
15									
16									
17									
18									
19									
20									
		TOTALS			$ 0.00	$ 0.00			

PREPARED BY _____

ASSISTANT CONTROLLER _____

CONTROLLER _____

The School Board of Miami-Dade County, Florida

Miami-Dade County Public Schools
giving our students the world

JOURNAL VOUCHER

COMMENTS:

_____

_____

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(Use the reverse if additional space is needed.)

FM-0964 Rev. (1 2-00)