

Public Education Department

Flowthrough Unit
300 Don Gaspar
Santa Fe, NM 87501

JUNE PAYROLL CALCULATION

Entity Name:	Budget Period:
Program Name:	Fund Number:
Vendor Code:	District Code:
Contact Person:	Telephone No:

Date payroll checks will be sent/issued: _____

CALCULATION OF CASH NEEDS:

Estimated Payroll Expenditures (*per payroll*) \$ _____ -

Number of Additional June payrolls: _____ -

Estimated Additional June payroll expenditure \$ _____ -

COMMENTS: _____

I CERTIFY THAT THE ABOVE NUMBERS ARE TRUE AND CORRECT AND THAT THE AMOUNT REQUESTED WILL BE EXPENDED WITHIN THREE (3) DAYS OF RECEIPT, IN ACCORDANCE WITH CMIA GUIDELINES.

Signature and Title of LEA Official

Date

PED Approval	
Amount Sent: _____	
ASD Signature: _____	Date _____