

Public Education Department

Flowthrough Unit
300 Don Gaspar
Santa Fe, NM 87501

JUNE PAYROLL CALCULATION

Entity Name:	
Address:	
City/State/Zip:	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 expenditures: \$ -

* Submit most recent YTD expenditure report indicating funds budgeted and expended for salaries and benefits.

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 _____