Department Head Expenditure Information

Agency Name _____

Date of Expense	Explanation of Expense	Amount	Individual(s) Present	Official Capacity

Total

P1 Coding Block-Accounting Component

See MAPS Operations Manual for instructions.

1. Date of Record / / 2. Accounting period / 3. Budget FY

4. ± New 5. Mod ±

6. Vendor code 7. Document total

8. Vendor Name

9. Line # 10. Fund 15. Object/Sub

18. Amount 11. Agency 12. Org/Sub

16. Rept category 19. Partial/Final

3. Appropriation 17. Job number 20. Occur date /

14. Activity 21.Prompt pay date / /

I hereby certify that the goods or materials covered by this claim have been inspected and received or the services have been performed and are in accordance with specifications and are in proper form, kind, amount and quality, and payment therefore is hereby recommended.

Document ID# Dept. Authorized Signature

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