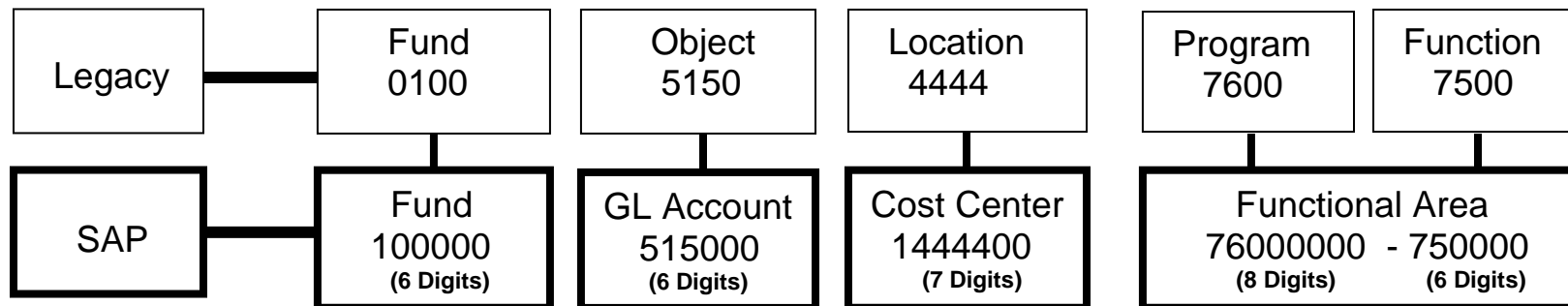


Translation of Legacy Structures to SAP Structures

This is only an example.

Please note that each location must use their own Fund, GL Account, Cost Center and Functional Area information.





PAYROLL DEPARTMENT EMPLOYEE REIMBURSEMENT

** FOR PAYROLL USE ONLY ** DO NOT WRITE IN THIS SPACE	
WAGE TYPE	CHECK DATE

	PERSON ID <u>or</u> PERS ASSIG	EMP. NAME: LAST	FIRST	MI	COST CENTER	AMOUNT	CHARGE COST CENTER	FUND	FUNCTIONAL AREA
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTAL									

I certify that this payroll record is true and accurate and that payment herein authorized is in accordance with Florida Statutes and The School Board of Miami-Dade County, Florida, policies and regulations.

Prepared By:			
_____ Typed	_____ Signature	_____ Title	_____ Date
Approved By:			
_____ Typed	_____ Signature	_____ Title	_____ Date