The School Board of Miami-Dade County, Florida   **Payroll Department**

TEACHERS CLASSROOM SUPPLY DOCUMENTATION OF EXPENDITURES

SCHOOL YEAR _____ - _____

NOTE: In order to substantiate the amount paid to you, you must provide legible copies of all applicable receipts for the purchases of eligible classroom materials and supplies, to your work location administrator.

Employee Name:	Pers. No. (Emp. No.):
Cost Center Name:	Cost Center No.:

➡ **LIST ONLY PURCHASES SUPPORTED BY RECEIPTS** ⬅

Merchant/Store Name (Skip a line between Merchants)	Supplies Purchased (List Each Item Individually)	Receipt Total Only (Incl. Taxes) (DO NOT list individual prices)
		TOTAL (This page only) $_____
		TOTAL (ALL pages) $_____

I acknowledge that these funds were spent for the sole purpose of purchasing classroom materials and supplies to be used in the instruction of students assigned to me. I understand that the portion of the amount that was paid to me, but not supported by receipts, will be collected via payroll deduction.

Employee: _____   _____
          Name (Print)   **Signature**   **Date**

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Page _____ of _____

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FM-7595 Rev. (08-16)