# Request for Reimbursement of Invoice Paid by School

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 3200
Rockville, Maryland 20850
E-mail: accountspayable@mcpsmd.org

**MCPS Form 280-48**
**May 2018**

School Name -- Choose One -- Date _____/_____/_____

**INSTRUCTIONS:**

1. Complete this form to submit invoices for reimbursement for purchases of instructional supplies, food supplies for FACS classes, postage, textbooks under $50.00, and medical supplies under $25.00. All invoices tendered for reimbursement must have been paid by the school.
2. Forward requests for reimbursement from **non-school accounts** to appropriate account manager for approval. Account Manager should forward approved reimbursement and proper backup support to the Division of Controller, 45 West Gude Drive, Suite 3200, Rockville, Maryland 20850.
3. The Payment Number **must be indicated in third column** on school reimbursement form.
   a. If the payment was made with a school check, please include a copy of the check and MCPS Form 280-54, *Independent Activity Funds (IAF) Request for a Purchase*, as well as all supporting documents (original itemized receipts or invoice).
   b. If the payment was made through iReceivable, please include a copy of the payment number for the iReceivable Invoice and all supporting documents (copy of iReceivable invoice highlighting items to be reimbursed, original itemized receipts or invoice).
4. **ORIGINAL LOOSE RECEIPTS MUST BE TAPED ON ALL SIDES ON A 8.5" X 11" SHEET OF PAPER. DO NOT USE STAPLES.**
5. If your bank account changes, please contact FMSMaintenance@mcpsmd.org with updated information.
6. This reimbursement form is due to the Division of Controller office by the first full week of the month following the date of the IAF expenditure.

| Name of Payee | Date of Invoice/Check | Payment Number | Amount | Accounting Use Only |
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| | | **Total** | **$** $0.00 | |

I certify that the goods represented by the attached invoice(s) and/or check copies listed above have been received and paid for by the school.

Principal Name *(Please print)* _____ Principal Signature_____

Account # *(Include Project Number if applicable)* _____ Date ____/____/____

***Approved by:** *(*Approval signature below required if the account number noted above is not a school account and needs account manager/owner approval)*

Account Manager Name *(Please print)* _____

Account Manager Signature_____ Date ____/____/____