Ikhide Roland Ikheloa
**PURCHASING CARD**
Card Member Transaction Log
Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 234-21
June 2009

Card member name: Ikhide Roland Ikheosa
School/office name: Board of Education
Work location: CESC, Room 123
For the period: From: December 29, 2013 To: January 28, 2014

USE SEPARATE LOG FOR EACH ACCOUNT

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/24/2014</td>
<td>01/24/2014</td>
<td>$99.00</td>
<td>Apple Inc., Online</td>
<td>AppleCare for Iphone - Service Plan</td>
<td>01/28/2013</td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privileges and/or disciplinary action.

Signature, Card Member: [Signature]  Date: 3/11/17

Signature, Approving Official: [Signature]  Date: 3/14/14
## Corporate Purchasing Cardmember Report

Prepared For  
ROLAND IKHELOA  
MCPS MDTAX

Closed Date  
01/29/14

Balance Due: 99.00
Do Not Pay

<table>
<thead>
<tr>
<th>Previous Balance</th>
<th>New Charges</th>
<th>Other Debits</th>
<th>Payments</th>
<th>Other Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>99.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>99.00</td>
</tr>
</tbody>
</table>

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

### Activity

<table>
<thead>
<tr>
<th>Card Number XXXX-XXX</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/24/14 APPLE ONLINE USA APPL CUPERTINO CA 20850 01/24/14</td>
<td>27128669790</td>
<td>99.00</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Charges/Other Debits</td>
<td>99.00</td>
</tr>
<tr>
<td>Payments/Other Credits</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Do not staple or use paper clips

Payment Coupon

Account Number

Please enter account number on all correspondence.

ROLAND IKHELOA  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE  
MD  
20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
**INVOICE RECEIPT**

<table>
<thead>
<tr>
<th>Page</th>
<th>Customer Number</th>
<th>Invoice Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Invoice Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/23/14</td>
<td>.00</td>
</tr>
</tbody>
</table>

Ikhide Ikheoa  
850 Hungerford Dr  
Rockville MD 20850-1718  
USA

<table>
<thead>
<tr>
<th>Item</th>
<th>Product Number</th>
<th>Product Description</th>
<th>Total Ordered</th>
<th>Total Shipped</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>1 54577LL/A</td>
<td>AppleCare+ for iPhone - CC</td>
<td>1</td>
<td>1</td>
<td>99.00</td>
<td>99.00</td>
</tr>
</tbody>
</table>

Web Order Number: [Redacted]

Your American Express [Redacted] has been charged $99.00 for a total of $99.00.

DO NOT PAY

Questions? Call (800) 275-2273 Mon-Fri, 8:00 am - 8:00 pm CT

<table>
<thead>
<tr>
<th>Salesperson</th>
<th>Contact</th>
<th>Entry Date</th>
<th>Ship Date</th>
<th>Routing</th>
<th>Waybill Number</th>
<th>Subtotal</th>
<th>Tax</th>
<th>Shipping Charges</th>
<th>TOTAL</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>ZS</td>
<td>01/23/14</td>
<td></td>
<td>Best Way</td>
<td>IN</td>
<td>99.00</td>
<td>0.00</td>
<td></td>
<td>99.00</td>
<td></td>
</tr>
</tbody>
</table>

After Remitting Payment Retain This Portion of Invoice For Your Records.
Please See Reverse Side For Terms And Conditions Pertaining To This Order:

Apple Inc.
# Purchasing Card

**Card Member Transaction Log**

**Office of the Chief Operating Officer**  
**Department of Materials Management**  
**MCPS Form 234-21**  
**June 2009**

Card member name: Roland Ikheloa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From **January 29, 2014** To **February 28, 2014**  

**Use separate log for each account**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/25/2014</td>
<td>02/27/2014</td>
<td>$700.00</td>
<td>Southwest Airlines, Online</td>
<td>Round-trip airfare to attend NSBA conf (04/03/2014 - 04/07/2014) in New Orleans</td>
<td>02/28/2014</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $700.00

---

**Certification Statement**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member:  
Date: 2/3/14

Signature, Approving Official:  
Date: 5/7/14
# Corporate Purchasing Cardmember Report

Prepared For: ROLAND IKHELOA  
MCPS MDTAX  
Account Number: XXXX-xxxx  
Closing Date: 02/28/14  
Page 1 of 2

## Balance

<table>
<thead>
<tr>
<th>Previous Balance</th>
<th>New Charges</th>
<th>Other Debits</th>
<th>Payments</th>
<th>Other Credits</th>
<th>Due</th>
<th>Do Not Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>$99.00</td>
<td>$700.00</td>
<td>0.00</td>
<td>99.00</td>
<td>0.00</td>
<td>$700.00 For important information regarding your account refer to page 2.</td>
<td></td>
</tr>
</tbody>
</table>

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

## Activity

Data reflects either transaction or posting date:

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/11/14 CORPORATE REMITTANCE RECEIVED 02/11</td>
<td>99.00</td>
<td></td>
</tr>
<tr>
<td>02/27/14 SOUTHWEST AIRLINES (DALLAS TX) TKTS AIRLINE/ AIR C 02/25/14 PASSENGER TICKET IKHELOA/ IKHIDE ROLAND SOUTHWEST AIRLINES (MAS SOUTHWEST AIRLINES (DALLAS TX FROM BALTIMORE MD TO NEW ORLEANS LA CARRIER CLASS WN H TO BALTIMORE MD WN Y TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>700.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA  
New Charges/Other Debits 700.00  
Payments/Other Credits -99.00

Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE  
MD 20850-1718

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
Thank you for your purchase!

Baltimore/Washington, MD - BWI to New Orleans, LA - MSY

Air

Confirmation:

Baltimore/Washington, MD - BWI to New Orleans, LA - MSY
Thursday, April 3, 2014 - Monday, April 7, 2014

Air Total: $700.00

Amount Paid

$700.00

Trip Total

$700.00

THU 04/03/14 - New Orleans

AIR

Baltimore/Washington, MD - BWI to New Orleans, LA - MSY
04/03/2014 - 04/07/2014

Adult Passenger(s)

IKHIDE IKHOLE

Subscribe to Flight Status Messaging

DEPART

05:40 PM Depart Baltimore/Washington, MD (BWI) on Southwest Airlines

07:30 PM Arrive in New Orleans, LA (MSY)

RETURN

01:25 PM Depart New Orleans, LA (MSY) on Southwest Airlines

04:50 PM Arrive in Baltimore/Washington, MD (BWI)

Confirmation #

Rapid Rewards #

Add Rapid Rewards Number

Flight #182\n
Thursday, April 3, 2014

Travel Time 2 h 50 min

Wanna Get Away

Flight #2187\n
Monday, April 7, 2014

Travel Time 2 h 25 min

Anytime

What you need to know to travel:

> Don't forget to check in for your flight(s) 24 hours before your trip on southwest.com or your mobile device.
> Southwest Airlines does not have assigned seats, so you can choose your seat when you board the plane. You will be assigned a boarding position based on your checkin time. The earlier you check in, within 24 hours of your flight, the earlier you get to board.

PRICE: ADULT

<table>
<thead>
<tr>
<th>Trip</th>
<th>Route</th>
<th>Fare Type</th>
<th>View Fare Rules</th>
<th>Fare Details</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depart</td>
<td>BWI-MSY</td>
<td>Wanna Get Away</td>
<td>Fare is non-refundable, no name changes allowed</td>
<td>1 Change Fee</td>
<td>1</td>
<td>$222.00</td>
</tr>
<tr>
<td>Return</td>
<td>MSY-BWI</td>
<td>Anytime</td>
<td></td>
<td>Fee Reimbursed</td>
<td>1</td>
<td>$468.00</td>
</tr>
</tbody>
</table>

Subtotal $700.00

Fare Breakdown

Carry-on Item: 1 bag + 1 small personal item are free, see full details.
Southwest Airlines - Purchase Confirmation

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked Items: First and second bags are free, size and weight limits apply.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bag Charge</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Air Total</td>
<td></td>
<td></td>
<td>$700.00</td>
</tr>
</tbody>
</table>

Gov't taxes & fees now included

Purchaser Name: Roland Ishelo
Billing Address: 850 Hungerford Drive, Rockville, MD 20850

<table>
<thead>
<tr>
<th>Form of Payment</th>
<th>Amount Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Express - 000000</td>
<td>$700.00</td>
</tr>
</tbody>
</table>

Amount Paid

Trip Total

$700.00
# PURCHASING CARD
## Card Member Transaction Log
Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name: Roland Ikheola  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From February 28, 2014, To March 30, 2014

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/19/2014</td>
<td>03/19/2014</td>
<td>$261.19</td>
<td>Hilton Hotels, New Orleans, LA</td>
</tr>
<tr>
<td>03/19/2014</td>
<td>03/19/2014</td>
<td>$261.19</td>
<td>Hilton Hotels, New Orleans, LA</td>
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<td>$261.19</td>
<td>Hilton Hotels, New Orleans, LA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging, one night deposit - CB</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - MD</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - PK</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - JK</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - PO</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - RS</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - IRI</td>
<td>03/30/2014</td>
</tr>
<tr>
<td>Lodging, one night deposit - JPS</td>
<td>03/30/2014</td>
</tr>
</tbody>
</table>

Total $2,089.52

**CERTIFICATION STATEMENT**

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Signature, Card Member: [Signature]  
Date: [Date]

Signature, Approving Official: [Signature]  
Date: [Date]
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Location</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/11/14</td>
<td>Corporate Remittance Received</td>
<td></td>
<td></td>
<td>-700.00</td>
</tr>
<tr>
<td>03/19/14</td>
<td>Hilton Hotels 56929 New Orleans</td>
<td>LA</td>
<td></td>
<td>261.19</td>
</tr>
<tr>
<td></td>
<td>FOL#</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ARRIVAL DATE DEPARTURE DATE</td>
<td>03/19/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ROC NUMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/19/14</td>
<td>Hilton Hotels 56929 New Orleans</td>
<td>LA</td>
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<td>261.19</td>
</tr>
<tr>
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<td>FOL#</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ARRIVAL DATE DEPARTURE DATE</td>
<td>03/19/14</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>ROC NUMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/19/14</td>
<td>Hilton Hotels 56929 New Orleans</td>
<td>LA</td>
<td></td>
<td>261.19</td>
</tr>
<tr>
<td></td>
<td>FOL#</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>ARRIVAL DATE DEPARTURE DATE</td>
<td>03/19/14</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>03/19/14</td>
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<td>261.19</td>
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<td></td>
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<tr>
<td></td>
<td>ARRIVAL DATE DEPARTURE DATE</td>
<td>03/19/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ROC NUMBER</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**Activity Data reflect either transaction or posting date**

**Balance**
- Due $ Do Not Pay
  - 2,089.52

For important information regarding your account refer to page 2.
<table>
<thead>
<tr>
<th>Date</th>
<th>Hotel Details</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/20/14</td>
<td>HILTON HOTELS 56929, NEW ORLEANS, LA</td>
<td>00051890590</td>
<td>261.19</td>
</tr>
<tr>
<td>03/20/14</td>
<td>HILTON HOTELS 56929, NEW ORLEANS, LA</td>
<td>00051890670</td>
<td>261.19</td>
</tr>
<tr>
<td>03/20/14</td>
<td>HILTON HOTELS 56929, NEW ORLEANS, LA</td>
<td>00051890310</td>
<td>261.19</td>
</tr>
<tr>
<td>03/20/14</td>
<td>HILTON HOTELS 56929, NEW ORLEANS, LA</td>
<td>00051890330</td>
<td>261.19</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

<table>
<thead>
<tr>
<th>New Charges/Other Debits</th>
<th>Payments/Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,089.52</td>
<td>-700.00</td>
</tr>
</tbody>
</table>
Subject: Reservation #Christopher Barclay Hotel Reservation Change for NSBA's 74th Annual Convention

Housing Confirmation Notice

NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation #made on 10/25/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES: SHUTTLE SERVICE: Shuttle Service to/from the convention center will be provided for most NSBA Housing hotels with the exception of the following (All are within an easy walk of Halls D & E):

Embassy Suites
Hampton Inn Convention Center
Hyatt Place Convention Center
Renaissance Arts Hotel
Hilton Garden Inn
Springhill Suites Convention Center
Marriott Convention Center
Courtyard Convention Center
Residence Inn Convention Center

NOTE: Special arrangements can be made for those needing ADA assistance at all NSBA hotels, not just those on the shuttle route.

CREDIT CARD POLICIES: If your reservation is guaranteed by credit card, NSBA Housing will not charge a deposit. However, your designated hotel may charge a deposit of one night’s stay plus tax after March 14, 2014, depending on the hotel’s policy.

The credit card provided in the reservation is for guarantee only. It cannot be used for actual hotel charges upon checkout unless written permission from the card holder is provided to the hotel. Otherwise a major credit card will be required upon check-in at your designated hotel.

SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.

Guest Information:

Guest Name: Christopher Barclay
Email: Rebecca_Gibson@mcpsmd.org
Company: Montgomery County BoE/Carver Educ Svcs
**Address:**
850 Hungerford Drive, #123
Rockville MD 20850 United States

---

### HOTEL INFORMATION:

<table>
<thead>
<tr>
<th>Hotel Name:</th>
<th>Hilton New Orleans Riverside*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel Address:</td>
<td>Two Poydras Street</td>
</tr>
<tr>
<td></td>
<td>New Orleans, LA 70140</td>
</tr>
<tr>
<td>Arrival Date:</td>
<td>Friday, 4/4/2014</td>
</tr>
<tr>
<td>Departure Date:</td>
<td>Monday, 4/7/2014</td>
</tr>
<tr>
<td># of Nights:</td>
<td>3</td>
</tr>
<tr>
<td>Hotel Early Departure Fee:</td>
<td>No early departure fee for NSBA attendees.</td>
</tr>
<tr>
<td>Room Type:</td>
<td>ROOM</td>
</tr>
<tr>
<td>Occupancy:</td>
<td>Single - 1 person</td>
</tr>
<tr>
<td>Rate:</td>
<td>US$ 225.00</td>
</tr>
<tr>
<td>Applicable Hotel Tax:</td>
<td>14.75%</td>
</tr>
</tbody>
</table>

*Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.*

There is an additional $3.00 per night occupancy tax in addition to city tax.

**Estimated Room+Tax Total:**

US$ 783.56

---

### IMPORTANT HOTEL POLICIES:

<table>
<thead>
<tr>
<th>Deposit Policy:</th>
<th>CC Guarantee or $200/room and $400/suite payable by check to CMR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaranteed By:</td>
<td>American Express (Exp. 10/2014)</td>
</tr>
<tr>
<td>Cancellation Policy:</td>
<td>Penalty of one night's room and tax applies after Friday, March 7, 2014</td>
</tr>
</tbody>
</table>

If you are sending a check to NSBA Housing to prepay for your stay, please make check payable to **Convention Management Resources**.

Failure to check in on your scheduled date of arrival or failure to abide the stated cancellation policy may result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of your room deposit.

The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to recover or seek recovery of any deposit monies on the guest's behalf.

Thank you for using NSBA Housing for the NSBA's 74th Annual Convention.

To ensure proper delivery of future emails, take a moment now and add our email address NSBAHousing@cmrus.com to your Address Book, Trusted Sender List, or Company White List.

---

### NSBA Housing

<table>
<thead>
<tr>
<th>Email:</th>
<th><a href="mailto:NSBAHousing@cmrus.com">NSBAHousing@cmrus.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>US and Canada Toll-Free:</td>
<td>800-616-8210</td>
</tr>
<tr>
<td>International:</td>
<td>415-979-2264</td>
</tr>
<tr>
<td>Fax:</td>
<td>415-216-2535</td>
</tr>
</tbody>
</table>
NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation #_________ made on 10/25/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES:

SHUTTLE SERVICE: Shuttle Service to/from the convention center will be provided for most NSBA Housing hotels with the exception of the following (All are within an easy walk of Halls D & E):

Embassy Suites
Hampton Inn Convention Center
Hyatt Place Convention Center
Renaissance Arts Hotel
Hilton Garden Inn
Springhill Suites Convention Center
Marriott Convention Center
Courtyard Convention Center
Residence Inn Convention Center

NOTE: Special arrangements can be made for those needing ADA assistance at all NSBA hotels, not just those on the shuttle route.

CREDIT CARD POLICIES: If your reservation is guaranteed by credit card, NSBA Housing will not charge a deposit. However, your designated hotel may charge a deposit of one night's stay plus tax after March 14, 2014, depending on the hotel's policy.

The credit card provided in the reservation is for guarantee only. It cannot be used for actual hotel charges upon checkout unless written permission from the card holder is provided to the hotel. Otherwise a major credit card will be required upon check-in at your designated hotel.

SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.

GUEST INFORMATION:

Guest Name: Michael Durso
Email: Rebecca.Gibson@mcpsmd.org
Company: Montgomery County BoE/Carver Educ Svcs
Address: 850 Hungerford Drive, #123
Rockville MD 20850 United States

HOTEL INFORMATION:

Hotel Name: Hilton New Orleans Riverside*
Hotel Address: Two Poydras Street
                New Orleans, LA 70140
Arrival Date: Friday, 4/4/2014
Departure Date: Monday, 4/7/2014
# of Nights: 3
Hotel Early Departure Fee: No early departure fee for NSBA attendees.
Room Type: ROOM
Occupancy: Single - 1 person
Rate: US$ 225.00
Applicable Hotel Tax: 14.75%
* Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.
There is an additional $3.00 per night occupancy tax in addition to city tax.
Estimated Room+Tax Total: US$ 783.56

IMPORTANT HOTEL POLICIES:

Deposit Policy: CC Guarantee or $200/room and $400/suite payable by check to CMR.
Guaranteed By: American Express (Exp. 10/2014)
Cancellation Policy: Penalty of one night's room and tax applies after Friday, March 7, 2014

If you are sending a check to NSBA Housing to prepay for your stay, please make check payable to
Convention Management Resources

Failure to check in on your scheduled date of arrival or failure to abide the stated cancellation policy may
result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of
your room deposit.

The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to
recover or seek recovery of any deposit monies on the guest's behalf.

Thank you for using NSBA Housing for the NSBA's 74th Annual Convention.

To ensure proper delivery of future emails, take a moment now and add our email address
NSBAHousing@cmrus.com - to your Address Book, Trusted Sender List, or Company White List.

NSBA Housing

Email: NSBAHousing@cmrus.com
US and Canada Toll-Free: 800-616-8210
International: 415-979-2264
Fax: 415-216-2535
ADVANCING THE EDUCATION
OF AMERICA'S CHILDREN
TRANSFORMING LEADERSHIP

HOUSING CONFIRMATION NOTICE

NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation #44240 made on 10/25/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES:

SHUTTLE SERVICE: Shuttle Service to/from the convention center will be provided for most NSBA Housing hotels with the exception of the following (All are within an easy walk of Halls D & E):

- Embassy Suites
- Hampton Inn Convention Center
- Hyatt Place Convention Center
- Renaissance Arts Hotel
- Hilton Garden Inn
- Springhill Suites Convention Center
- Marriott Convention Center
- Courtyard Convention Center
- Residence Inn Convention Center

NOTE: Special arrangements can be made for those needing ADA assistance at all NSBA hotels, not just those on the shuttle route.

CREDIT CARD POLICIES: If your reservation is guaranteed by credit card, NSBA Housing will not charge a deposit. However, your designated hotel may charge a deposit of one night's stay plus tax after March 14, 2014, depending on the hotel's policy.

The credit card provided in the reservation is for guarantee only. It cannot be used for actual hotel charges upon checkout unless written permission from the card holder is provided to the hotel. Otherwise a major credit card will be required upon check-in at your designated hotel.

SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.

GUEST INFORMATION:

Guest Name: Philip Kauffman
Email: Rebecca_Gibson@mcpsmd.org
Company: Montgomery County BoE/Carver Educ Svcs
HOTEL INFORMATION:

Hotel Name: Hilton New Orleans Riverside*
Hotel Address: Two Poydras Street
New Orleans, LA 70140
Arrival Date: Thursday, 4/3/2014
Departure Date: Monday, 4/7/2014
# of Nights: 4
Hotel Early Departure Fee: No early departure fee for NSBA attendees.
Room Type: ROOM
Occupancy: Single - 1 person
Rate: US$ 225.00
Applicable Hotel Tax: 14.75%
* Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.

There is an additional $3.00 per night occupancy tax in addition to city tax.

Estimated Room+Tax Total: US$ 1,044.75

IMPORTANT HOTEL POLICIES:

Deposit Policy: CC Guarantee or $200/room and $400/suite payable by check to CMR.
Guaranteed By: American Express (Exp. 10/2014)
Cancellation Policy: Penalty of one night’s room and tax applies after Friday, March 7, 2014

If you are sending a check to NSBA Housing to prepay for your stay, please make check payable to Convention Management Resources.

Failure to check in on your scheduled date of arrival or failure to abide the stated cancellation policy may result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of your room deposit.

The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to recover or seek recovery of any deposit monies on the guest’s behalf.

Thank you for using NSBA Housing for the NSBA’s 74th Annual Convention.

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NSBA Housing

Email: NSBAHousing@cmrus.com
US and Canada Toll-Free: 800-616-8210
International: 415-979-2264
Fax: 415-216-2535
From: NSBAHousing@cmrus.com
Sent: Thursday, March 20, 2014 12:27 PM
To: Gibson, Becky
Subject: Reservation # [redacted] Justin Kim Hotel Reservation Change for NSBA's 74th Annual Convention

---

ADVANCING THE EDUCATION
OF AMERICA'S CHILDREN

TRANSFORMING LEADERSHIP

HOUSING CONFIRMATION NOTICE

NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation # [redacted] made on 10/25/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES: SHUTTLE SERVICE: Shuttle Service to/from the convention center will be provided for most NSBA Housing hotels with the exception of the following (All are within an easy walk of Halls D & E):

Embassy Suites
Hampton Inn Convention Center
Hyatt Place Convention Center
Renaissance Arts Hotel
Hilton Garden Inn
Springhill Suites Convention Center
Marriott Convention Center
Courtyard Convention Center
Residence Inn Convention Center

NOTE: Special arrangements can be made for those needing ADA assistance at all NSBA hotels, not just those on the shuttle route.

CREDIT CARD POLICIES: If your reservation is guaranteed by credit card, NSBA Housing will not charge a deposit. However, your designated hotel may charge a deposit of one night's stay plus tax after March 14, 2014, depending on the hotel's policy.

The credit card provided in the reservation is for guarantee only. It cannot be used for actual hotel charges upon checkout unless written permission from the card holder is provided to the hotel. Otherwise a major credit card will be required upon check-in at your designated hotel.

SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.
# GUEST INFORMATION:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest Name</td>
<td>Justin Kim</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Rebecca_Gibson@mcpsmd.org">Rebecca_Gibson@mcpsmd.org</a></td>
</tr>
<tr>
<td>Company</td>
<td>Montgomery County BoE/Carver Educ Svcs</td>
</tr>
<tr>
<td>Address</td>
<td>850 Hungerford Drive, #123</td>
</tr>
<tr>
<td></td>
<td>Rockville MD 20850 United States</td>
</tr>
</tbody>
</table>

# HOTEL INFORMATION:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel Name</td>
<td>Hilton New Orleans Riverside*</td>
</tr>
<tr>
<td>Hotel Address</td>
<td>Two Poydras Street</td>
</tr>
<tr>
<td></td>
<td>New Orleans, LA 70140</td>
</tr>
<tr>
<td>Arrival Date</td>
<td>Thursday, 4/3/2014</td>
</tr>
<tr>
<td>Departure Date</td>
<td>Monday, 4/7/2014</td>
</tr>
<tr>
<td># of Nights</td>
<td>4</td>
</tr>
<tr>
<td>Hotel Early Departure Fee</td>
<td>No early departure fee for NSBA attendees.</td>
</tr>
<tr>
<td>Room Type</td>
<td>ROOM</td>
</tr>
<tr>
<td>Occupancy</td>
<td>Single - 1 person</td>
</tr>
<tr>
<td>Rate</td>
<td>US$ 225.00</td>
</tr>
<tr>
<td>Applicable Hotel Tax</td>
<td>14.75%</td>
</tr>
<tr>
<td>* Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is an additional $3.00 per night occupancy tax in addition to city tax.</td>
</tr>
<tr>
<td>Estimated Room+Tax Total</td>
<td>US$ 1,044.75</td>
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</table>

# IMPORTANT HOTEL POLICIES:

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</tr>
<tr>
<td>Guaranteed By</td>
<td>American Express (Exp. 10/2014)</td>
</tr>
<tr>
<td>Cancellation Policy</td>
<td>Penalty of one night's room and tax applies after Friday, March 7, 2014</td>
</tr>
</tbody>
</table>

If you are sending a check to NSBA Housing to prepay for your stay, please make check payable to Convention Management Resources.

Failure to check in on your scheduled date of arrival or failure to abide the stated cancellation policy may result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of your room deposit.

The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to recover or seek recovery of any deposit monies on the guest's behalf.
ADVANCING THE EDUCATION OF AMERICA’S CHILDREN
TRANSFORMING LEADERSHIP

HOUSING CONFIRMATION NOTICE

NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation #4439 made on 10/25/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES: SHUTTLE SERVICE: Shuttle Service to/from the convention center will be provided for most NSBA Housing hotels with the exception of the following (All are within an easy walk of Halls D & E):

Embassy Suites
Hampton Inn Convention Center
Hyatt Place Convention Center
Renaissance Arts Hotel
Hilton Garden Inn
Springhill Suites Convention Center
Marriott Convention Center
Courtyard Convention Center
Residence Inn Convention Center

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CREDIT CARD POLICIES: If your reservation is guaranteed by credit card, NSBA Housing will not charge a deposit. However, your designated hotel may charge a deposit of one night's stay plus tax after March 14, 2014, depending on the hotel's policy.

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SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.

GUEST INFORMATION:

Guest Name: Patricia O’Neill
Email: Rebecca_Gibson@mcpssmd.org
Company: Montgomery County BoE/Carver Educ Svcs
**Address:**
850 Hungerford Drive, #123
Rockville MD 20850 United States

**Sharewiths:**

## HOTEL INFORMATION:

**Hotel Name:**
Hilton New Orleans Riverside*

**Hotel Address:**
Two Poydras Street
New Orleans, LA 70140

**Arrival Date:**
Thursday, 4/3/2014

**Departure Date:**
Monday, 4/7/2014

**# of Nights:**
4

**Hotel Early Departure Fee:**
No early departure fee for NSBA attendees.

**Room Type:**
ROOM

**Occupancy:**
Double - 2 persons

**Special Requests:**
Request King Bed

*All special requests are subject to hotel availability and cannot be guaranteed.*

**Rate:**
US$ 225.00

**Applicable Hotel Tax:**
14.75%

*Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.*

There is an additional $3.00 per night occupancy tax in addition to city tax.

**Estimated Room+Tax Total:**
US$ 1,044.75

## IMPORTANT HOTEL POLICIES:

**Deposit Policy:**
CC Guarantee or $200/room and $400/suite payable by check to CMR.

**Guaranteed By:**
American Express (Exp. 10/2014)

**Cancellation Policy:**
Penalty of one night's room and tax applies after Friday, March 7, 2014

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## NSBA Housing

**Email:**
NSBAHousing@cmrus.com
From: NSBAHousing@cmrus.com
Sent: Thursday, March 20, 2014 12:26 PM
To: Gibson, Becky
Subject: Reservation # [Redacted] Rebecca Smordrowski Hotel Reservation Change for NSBA's 74th Annual Convention

HOUSING CONFIRMATION NOTICE

NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation # [Redacted] made on 10/28/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES: SHUTTLE SERVICE: Shuttle Service to/from the convention center will be provided for most NSBA Housing hotels with the exception of the following (All are within an easy walk of Halls D & E):

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Springhill Suites Convention Center
Marriott Convention Center
Courtyard Convention Center
Residence Inn Convention Center

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SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.

GUEST INFORMATION:

Guest Name: Rebecca Smordrowski
Email: Rebecca_Gibson@mcpsmd.org
Company: Montgomery County BoE/Carver Educ Svcs
**Address:**
850 Hungerford Drive, #123
Rockville MD 20850 United States

---

**HOTEL INFORMATION:**

<table>
<thead>
<tr>
<th>Hotel Name:</th>
<th>Hilton New Orleans Riverside*</th>
</tr>
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<tbody>
<tr>
<td>Hotel Address:</td>
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<td></td>
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</tr>
<tr>
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<td>Room Type:</td>
<td>ROOM</td>
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<td>Rate:</td>
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<td>Applicable Hotel Tax:</td>
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*Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.

There is an additional $3.00 per night occupancy tax in addition to city tax.

Estimated Room+Tax Total: US$ 1,044.75

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**IMPORTANT HOTEL POLICIES:**

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<td>Cancellation Policy:</td>
<td>Penalty of one night's room and tax applies after Friday, March 7, 2014</td>
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If you are sending a check to NSBA Housing to prepay for your stay, please make check payable to Convention Management Resources.

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The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to recover or seek recovery of any deposit monies on the guest's behalf.

Thank you for using NSBA Housing for the NSBA's 74th Annual Convention.

To ensure proper delivery of future emails, take a moment now and add our email address NSBAHousing@cmrus.com to your Address Book, Trusted Sender List, or Company White List.

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ADVANCING THE EDUCATION
OF AMERICA'S CHILDREN
TRANSFORMING LEADERSHIP

HOUSING CONFIRMATION NOTICE

NSBA's 74th Annual Convention, New Orleans, LA, US
NSBA 2014 Confirmation # made on 10/25/2013
Changed 3/20/2014.

PLEASE CAREFULLY READ THE FOLLOWING POLICIES:
SHUTTLE SERVICE: Shuttle Service to/from the
convention center will be provided for most NSBA Housing hotels with the exception of the following (All are
within an easy walk of Halls D & E):

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Hampton Inn Convention Center
Hyatt Place Convention Center
Renaissance Arts Hotel
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will be required upon check-in at your designated hotel.

SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in
designated areas outside the hotels.

Check your reservation details below for accuracy.

GUEST INFORMATION:

Guest Name: Roland Ikheoa
Email: Rebecca_Gibson@mcpsmd.org
Company: Montgomery County BoE/Carver Educ Svcs
Address: 850 Hungerford Drive, #123
          Rockville MD 20850 United States

HOTEL INFORMATION:

Hotel Name: Hilton New Orleans Riverside*
Hotel Address: Two Poydras Street
              New Orleans, LA 70140
Arrival Date: Thursday, 4/3/2014
Departure Date: Monday, 4/7/2014
# of Nights: 4
Hotel Early Departure Fee: No early departure fee for NSBA attendees.
Room Type: ROOM
Occupancy: Single - 1 person
Rate: US$ 225.00
Applicable Hotel Tax: 14.75%
* Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.
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IMPORTANT HOTEL POLICIES:

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NSBA Housing

Email: NSBAHousing@cmrus.com
US and Canada Toll-Free: 800-616-8210
International: 415-979-2264
Fax: 415-216-2535
From: NSBAHousing@cmrus.com  
Sent: Thursday, March 20, 2014 12:26 PM  
To: Gibson, Becky  
Subject: Reservation #_____Joshua Starr Hotel Reservation Change for NSBA’s 74th Annual Convention

---

ADVANCING THE EDUCATION OF AMERICA’S CHILDREN
TRANSFORMING LEADERSHIP

HOUSING CONFIRMATION NOTICE

NSBA's 74th Annual Convention, New Orleans, LA, US  
NSBA 2014 Confirmation #_____ made on 10/25/2013  
Changed 3/20/2014.

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Hampton Inn Convention Center  
Hyatt Place Convention Center  
Renaissance Arts Hotel  
Hilton Garden Inn  
Springhill Suites Convention Center  
Marriott Convention Center  
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SMOKING POLICIES: The majority of hotels are 100% smoke-free. You are permitted to smoke only in designated areas outside the hotels.

Check your reservation details below for accuracy.

---

GUEST INFORMATION:

Guest Name: Joshua Starr  
Email: Rebecca_Gibson@mcpsmd.org  
Company: Montgomery County BoE/Carver Educ Svcs
| Address: | 850 Hungerford Drive, #123  
| Rockville MD 20850 United States |

<table>
<thead>
<tr>
<th><strong>HOTEL INFORMATION:</strong></th>
</tr>
</thead>
</table>
| **Hotel Name:** Hilton New Orleans Riverside*  
| **Hotel Address:** Two Poydras Street  
| New Orleans, LA 70140  
| **Arrival Date:** Saturday, 4/5/2014  
| **Departure Date:** Monday, 4/7/2014  
| **# of Nights:** 2  
| **Hotel Early Departure Fee:** No early departure fee for NSBA attendees.  
| **Room Type:** ROOM  
| **Occupancy:** Single - 1 person  
| **Rate:** US$ 225.00  
| **Applicable Hotel Tax:** 14.75%  
| *Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.*  
| There is an additional $3.00 per night occupancy tax in addition to city tax.  
| **Estimated Room+Tax Total:** US$ 522.38 |

<table>
<thead>
<tr>
<th><strong>IMPORTANT HOTEL POLICIES:</strong></th>
</tr>
</thead>
</table>
| **Deposit Policy:** CC Guarantee or $200/room and $400/suite payable by check to CMR.  
| **Guaranteed By:** American Express (Exp. 10/2014)  
| **Cancellation Policy:** Penalty of one night's room and tax applies after Friday, March 7, 2014 |

If you are sending a check to NSBA Housing to prepay for your stay, please make check payable to Convention Management Resources.

Failure to check in on your scheduled date of arrival or failure to abide the stated cancellation policy may result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of your room deposit.

The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to recover or seek recovery of any deposit monies on the guest's behalf.

Thank you for using NSBA Housing for the NSBA's 74th Annual Convention.

To ensure proper delivery of future emails, take a moment now and add our email address NSBAHousing@cmrus.com to your Address Book, Trusted Sender List, or Company White List.

<table>
<thead>
<tr>
<th><strong>NSBA Housing</strong></th>
</tr>
</thead>
</table>
| **Email:** NSBAHousing@cmrus.com  
| **US and Canada Toll-Free:** 800-616-8210  
| **International:** 415-979-2264  
| **Fax:** 415-216-2535 |
### PURCHASING CARD

**Card Member Transaction Log**

**MCPS Form 234-21**
June 2009

**Office of the Chief Operating Officer**
**Department of Materials Management**
**MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850**

Card member name: Ikhide Roland Ikheoa

School/office name: Board of Education

Work location: CESC, Room 123

For the period: From December 29, 2012 To January 28, 2013

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/22/2013</td>
<td>01/23/2013</td>
<td>$22.00</td>
<td>Bombay Bistro, Rockville</td>
<td>Lunch w/ Chad Forley</td>
<td>01/28/2013</td>
<td></td>
</tr>
<tr>
<td>01/17/2012</td>
<td>01/18/2013</td>
<td>$30.00</td>
<td>Gordon Biersch. Rockville</td>
<td>Lunch Mtg. with Dr. LaVerne Kimball</td>
<td>01/28/2013</td>
<td></td>
</tr>
<tr>
<td>01/25/2013</td>
<td>01/26/2013</td>
<td>$27.00</td>
<td>Tara Thai Asia, Rockville</td>
<td>Lunch Mtg. with Ombudsman Client</td>
<td>01/28/2013</td>
<td></td>
</tr>
</tbody>
</table>

Total $79.00

### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privileges and/or disciplinary action.

Signature, Card Member: [Signature]
Date: 3/17/13

Signature, Approving Official: [Signature]
Date: [Date]
# Corporate Purchasing Cardmember Report

<table>
<thead>
<tr>
<th>Prepared For</th>
<th>XXXX-XXXX</th>
<th>Closing Date</th>
<th>01/28/13</th>
<th>Page 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROLAND IKHELOA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCPS MDTAX:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Balance

<table>
<thead>
<tr>
<th>Previous Balance $</th>
<th>New Charges $</th>
<th>Other Debits $</th>
<th>Payments $</th>
<th>Other Credits $</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.00</td>
<td>79.00</td>
<td>0.00</td>
<td>29.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Due $</th>
<th>Do Not Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.00</td>
<td></td>
</tr>
</tbody>
</table>

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

## Activity

Date reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/13</td>
<td>CORPORATE REMITTANCE RECEIVED</td>
<td>01/10</td>
</tr>
<tr>
<td>01/23/13</td>
<td>BOMBAY BISTRO 650000 ROCKVILLE</td>
<td>MD</td>
</tr>
<tr>
<td>01/19/13</td>
<td>GB-ROCKVILLE 4513 00 ROCKVILLE</td>
<td>MD</td>
</tr>
<tr>
<td>01/26/13</td>
<td>TARA THAI ASIA 41700 ROCKVILLE</td>
<td>MD</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA

<table>
<thead>
<tr>
<th>New Charges/Other Debits</th>
<th>Payments/Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.00</td>
<td>-29.00</td>
</tr>
</tbody>
</table>

---

### Payment Coupon

Do not staple or use paper clips

ROLAND IKHELOA
MCPS MDTAX: 850 HUNGERFORD RMT23 ROCKVILLE MD 20850-1718

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
01/17/2013 - Lunch meeting with Dr. LaVerne Kimball

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>TABLE #</th>
<th>GUEST</th>
<th><strong>PBAL</strong></th>
<th><strong>BUFFET WEEKDAY</strong></th>
<th>BAL FND</th>
<th>MDSE ST</th>
<th>TTL</th>
<th><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>01/22/13</td>
<td>1:44PM</td>
<td>000000</td>
<td>GUEST 2</td>
<td><strong>$0.00</strong></td>
<td><strong>$17.90</strong></td>
<td><strong>$17.90</strong></td>
<td><strong>$17.90</strong></td>
<td><strong>$18.97</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

**Try this:**
- Mon-Fri: $13.50
- Sat & Sun: $18.97

Also ask for MONDAY SPECIALS

---

**BOMBAY BISTRO**
914 W. Montgomery Ave
Rockville MD 20850
301-762-9799

---

**GORDON BIEBERSCH**
Rockville 4513
0123 Table 1 #Party 2
KATE L SvrCk: 1 12:17p 01/17/13

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>0.00</td>
</tr>
<tr>
<td>Cobb Salad</td>
<td>13.50</td>
</tr>
<tr>
<td>Gorgonzola Burg</td>
<td>18.97</td>
</tr>
</tbody>
</table>

**0123**
Server: KATE L
Rec: 20
01/17/13 12:53, Swiped T: 1 Term: : ~
GORDON BIEBERSCH-ROCKVILLE
215 MIDDLE LN

---

**CHECK**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>25.44</td>
</tr>
<tr>
<td>CEF</td>
<td>4.56</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>30.00</td>
</tr>
</tbody>
</table>

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
ASK ABOUT OUR BANQUET ROOM
duplicate copy -> customer
Tara Asia
199-D F, Montgomery Ave.
Rockville, MD 20850
(301) 315-8008

Date/Time: 2013-01-25 01:12 PM
Order Number: 264704
Account Type: "IN"I

Purchasing Approval

Entry Mode: Swiped
Number: XXXXXXXX
Type: XX/XX
Name: American Express
Name on Card: R IKHELOA
Balance Due: 279

$22.26

Total: $27.00

Cardmember acknowledges receipt of goods and/or services and agrees to perform all payments as set forth by cardmember's agreement with issuer.

Signature: [Signature]
**PURCHASING CARD**
Card Member Transaction Log

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name: Ikhide Roland Ikheoa
School/office name: Board of Education
Work location: CESC, Room 123
For the period: From February 28, 2013 To March 29, 2013

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (01, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/21/2013</td>
<td>03/22/2013</td>
<td>-$600.00</td>
<td>National School Boards Association</td>
<td>Refund, NSBA Conference cancellation</td>
<td>03/30/2013</td>
<td></td>
</tr>
</tbody>
</table>

King - No longer attending

(minus -$125.00 fee per registrant)

| Total | -$600.00 |

**CERTIFICATION STATEMENT**
I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature: Card Member
Date: 4/29/13

Signature, Approving Official: Christopher R. Belsey
Date: 4/30/13
### Corporate Purchasing Cardmember Report

<table>
<thead>
<tr>
<th>Prepared For</th>
<th>Account Number</th>
<th>Closing Date</th>
<th>Page 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROLAND IKHELOA MCPS MDTAX</td>
<td>XXXX-XXXX</td>
<td>03/30/13</td>
<td></td>
</tr>
</tbody>
</table>

#### Balance

<table>
<thead>
<tr>
<th>Previous Balance $</th>
<th>New Charges $</th>
<th>Other Debts $</th>
<th>Payments $</th>
<th>Other Credits $</th>
<th>Due $</th>
<th>Do Not Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>500.00</td>
<td>600.00</td>
<td>CR</td>
</tr>
</tbody>
</table>

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

### Activity

**Card Number**: XXXX-XXXX

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/22/13</td>
<td>NSSA 0115 ALEXANDRIA VA 03/21/13</td>
<td>600.00 Credit</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

<table>
<thead>
<tr>
<th>New Charges/Other Debts</th>
<th>Payments/Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>-600.00</td>
</tr>
</tbody>
</table>

---

**Payment Coupon**

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RM125
ROCKVILLE MD 20850-1718

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
Good Morning,

We are sorry to hear that she will not be able to attend the conference. We will cancel the registration.

You will need to contact the NSBA Housing Bureau directly to cancel the hotel reservations. The contact information for the housing bureau is:

NSBA Housing Bureau  
C/o Convention Management Resources  
33 New Montgomery Street, Suite 1420  
San Francisco, CA 94105  
(800) 616-8210 (USA/Canada)  
(415) 979-2264 (International)  
(Service is available Monday through Friday, 9:00 AM - 9:00 PM, ET.)  
Fax (415) 979-2260

For the substitute, please provide a letter to NSBA (a copy of this email will suffice) stating that one person will not be going but another will be going in their place. Along with the letter we will need a new registration form completed for the new individual. Please fax the letter and registration form to 703-519-6497. We have attached a copy of the registration form for your convenience.

If you have any other questions you can contact us at the phone or email listed below. Thank you and have a great day!

********************************************************************************
Registration Team
National School Boards Association
1680 Duke Street
Alexandria, VA 22314
direct: 1-800-950-6722
tax: 703-519-6497
www.nsba.org

From: Gibson, Becky [mailto:Rebecca_Gibson@mcpsmd.org]
Sent: Thursday, March 21, 2013 9:41 AM
To: NSBA Registration
Subject: Changes to Registrations
MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland 20850

March 21, 2013

To: NSBA Conference Registration

From: Becky Gibson, Fiscal Assistant

Re: 73rd Annual NSBA Conference and Exposition, April 13-15, 2013 Registration

I have three Montgomery County members who will no longer be able to participate in the 73rd Annual National School Boards Association conference from April 13 – 15, 2013.

   Patricia O’Neill, Registration No. [Redacted]

   Judith Docca, Registration No. [Redacted]

   Suzann King, Registration No. [Redacted]

I have one registration where I will need to change the name of the participate. That information is below.

   Laura Berthiaume, Registration No. [Redacted] need to change to Rebecca Smidrowski.

Thank you for your assistance in this matter. If you have any questions, please give me a call at 301-279-3617.

Becky Gibson
Administrative Secretary Board Finance
Office of the Board of Education
Room 123, CESC
Phone: 301-279-3617
## PURCHASING CARD
Card Member Transaction Log

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

### Card member name: Ikhide Roland Ikholoa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From April 1, 2013  
To April 29, 2013

### USE SEPARATE LOG FOR EACH ACCOUNT

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/13/2013</td>
<td>04/14/2013</td>
<td>$61.00</td>
<td>Blarney Stone, San Diego</td>
<td>Meal while attending the National</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/13/2013</td>
<td>$493.83</td>
<td>Blue Point Restaurant, San Diego</td>
<td>School Boards Association (NSBA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conference - IRI, PK, RS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/16/2013</td>
<td>04/17/2013</td>
<td>$60.07</td>
<td>CPK, San Diego (Lost Receipt)</td>
<td>Meal while attending NSBA Conf - IRI, JS, SB, CB, PK, JM, RS, MD, RD</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/15/2013</td>
<td>04/16/2013</td>
<td>$42.00</td>
<td>Chopahn Restaurant, San Diego</td>
<td>Meal while attending NSBA Conference</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ikholoa, Kauffman, Smendrowski</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/27/2013</td>
<td>04/27/2013</td>
<td>$36.56</td>
<td>Giant Food, Olney</td>
<td>Mistakenly used, MCPS reimbursed</td>
<td>04/29/2013</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $693.46

### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member:  
Date:  
Signature, Approving Official:  
Date: 4/15/13
**Purchasing Card**

**Card Member Transaction Log**

**Office of the Chief Operating Officer**
**Department of Materials Management**
**Montgomery County Public Schools • Rockville, Maryland 20850**

**Card Member Name:** Ikhide Roland Ikheola  
**School/Office Name:** Board of Education  
**Work Location:** CESC, Room 123  
**For the Period:** From April 1, 2013 To April 29, 2013

**Use Separate Log for Each Account**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/12/2013</td>
<td>04/12/2013</td>
<td>$7.50</td>
<td>Gogo Air, Online</td>
<td>Mobile service while flying for NSBA</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/13/2013</td>
<td>$28.00</td>
<td>Gordon Biersch, Reagan Airport</td>
<td>Meal while attending NSBA Conf - IRI, PK, JM, RS</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/13/2013</td>
<td>$8.29</td>
<td>Inflight US Airways</td>
<td>Meal while attending NSBA Conf - IRI, PK, JM, RS</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/13/2013</td>
<td>$6.29</td>
<td>Inflight US Airways</td>
<td>Beverage while attending NSBA Conf</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/13/2013</td>
<td>$7.00</td>
<td>Inflight US Airways</td>
<td>MCPS Reimbursed</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/16/2013</td>
<td>04/16/2013</td>
<td>$20.00</td>
<td>Melkamu Wasse Melkam, Taxi</td>
<td>Transportation while attending NSBA</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/13/2013</td>
<td>$65.00</td>
<td>Marriott San Diego Hotel &amp; Marina</td>
<td>Meal while attending NSBA Conference</td>
<td>04/29/2013</td>
<td></td>
</tr>
<tr>
<td>04/13/2013</td>
<td>04/14/2013</td>
<td>$10.00</td>
<td>Marriott San Diego Hotel &amp; Marina</td>
<td>Meal while attending NSBA Conference</td>
<td>04/29/2013</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** $152.08

**Certification Statement:**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

**Signature, Card Member:** [Signature]  
**Date:** 6/26/13  
**Signature, Approving Official:** [Signature]  
**Date:** 7/6/13
**PURCHASING CARD**  
**Card Member Transaction Log**

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

---

**Card member name:** Ikhide Roland Ikhetola  
**School/office name:** Board of Education  
**Work location:** CESC, Room 123  
**For the period:** From April 1, 2013, to April 29, 2013

---

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/14/2013</td>
<td>04/15/2013</td>
<td>$11.00</td>
<td>Marriott San Diego Hotel &amp; Marina</td>
<td>Meal while attending NSBA Conf. - RI</td>
<td>04/29/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>04/12/2013</td>
<td>04/17/2013</td>
<td>$1,089.27</td>
<td>Marriott San Diego Hotel &amp; Marina</td>
<td>Lodging while attending NSBA Conf.</td>
<td>04/29/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(04/12/2013 - 04/16/2013)</td>
<td></td>
<td>[Redacted]</td>
</tr>
<tr>
<td>04/14/2013</td>
<td>04/15/2013</td>
<td>$6.50</td>
<td>MS Fields Cookies, San Diego</td>
<td>Meal while attending NSBA Conf. - RI</td>
<td>04/29/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
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<td>Excess Baggage (Lost receipt)</td>
<td>04/29/2013</td>
<td>[Redacted]</td>
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</table>

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**Total** | **$1,293.37**

---

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

**Signature, Card Member:** [Signature]  
**Date:** 04/29/13

**Signature, Approving Official:** [Signature]  
**Date:**
Corporate Purchasing Cardmember Report

Account Number XXXX-XXXX
Closing Date 04/29/13

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity
Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>City</th>
<th>State</th>
<th>Reference Code</th>
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<td></td>
<td>FRT ;UPI ;QTY</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
<table>
<thead>
<tr>
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<th>Description</th>
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<td>MARRIOTT FOL# 4300 LODGING</td>
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<td>SAN DIEGO</td>
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</tr>
<tr>
<td>TO</td>
<td>UNAVAILABLE</td>
<td>YY 00</td>
</tr>
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04/11/13 CORPORATE DEDUCTION OF CREDIT BAL. 04/11 600.00

Total for ROLAND IKHELOA

<p>| New Charges/Other Debits | 2,738.91 |
| Payments/Other Credits   | 0.00     |</p>
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<thead>
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<td>Coke</td>
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<td></td>
</tr>
<tr>
<td>Potstickers</td>
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<td></td>
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<tr>
<td>Salmon (4 @ $3.04)</td>
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<tr>
<td>Shrimp Pasta (2 @ $2.00)</td>
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<td>$4.00</td>
</tr>
<tr>
<td>Entree Special</td>
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<td>Barramundi</td>
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<td>Grilled Chicken</td>
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**Subtotal: $307.50**

**Tax: $56.58**

**Total: $364.08**

**Gratuity: $4.00**

**Total: $368.08**
04/12/2013 - Gogo Air, Online - Mobile service while flying for NSBA Conf.

04/15/2013 - Chopahn Restaurant, San Diego - Meal while attending NSBA Conference - Ikheloa

Chopahn Authentic Afghan Cuisine
750 6th Ave
San Diego, CA 92101
619-236-9236

Date: 04/15/13
Time: 7:16 PM
Server: 1. Haider
Order: 19076
Description: Table 11:2
Card Type: Credit Card
Card No: ********
Expires: 10/13
Appr Code: [Redacted]

Purchases: $36.62
Tip: $5.25
Total: $41.87

Ikheloa/r

Free to pay the above total amount per Card Issuer

5/13 11:2 Cust 1 Haider

Saffron Shrimp 25.95
Jadenja 7.95

Sub-total: $33.90
Sales Tax: $2.72
Total Due: $36.62
04/12/2013 - Gordon Biersch, Reagan National Airport -
Meal while attending NSBA conference
- Ikheoa, Kaufman, Mannes, Smordowski

HMHOST
GORDON BIERSC
REAGAN NATIONAL AIRPORT
CHECK: 7847
TABLE: 128/1
SERVER: 56139 Menen
DATE: APR12'13 7:19AM
CARD TYPE: AMEX
ACCT #: XXXXXXXXXX
AUTH CODE: R IKHEOA

TOTAL: 23.74
TIP: 4.26
TOTAL: 28.00

X
I AGREE TO PAY THE ABOVE AMOUNT IN ACCORDANCE WITH THE CARD ISSUER'S AGREEMENT.

**** SEAT 1 ****:
EE BAR 2.09
FIRST RND HOTBEV 2.09
1 COFFEE BAR 2.09
FIRST RND HOTBEV 2.09
1 FRENCH TST STRWBY 9.00
FRENCH TOAST WITH STRAWBERRY BACON 8.60
TAX 1.96 AMOUNT D 23.74

******* *******
SUBTOTAL 21.78
TAX 1.96
AMOUNT DUE $23.74

THANK YOU FOR YOUR BUSINESS!
TELL US ABOUT YOUR EXPERIENCE
KEVIN HAYDEN
703-572-4610
KEVIN.HAYDEN@HMHOST.COM

04/12/2013 - Inflight US Airways -
Meal while attending NSBA conference

04/12/2013 - Inflight US Airways -
Beverage while attending NSBA conference
04/12/2013 - Marriott San Diego Hotel & Marina
Meal while attending NSBA conf. - IRI, PK, RS

& & & 404 & & &
***** CREDIT CARD VOUCHER *****
-------------------------------
SAN DIEGO MARRIOTT
SAN DIEGO, CA
MARINA KITCHEN
CHECK: 8294
TABLE: 121/1
SERVER: 103 ANABEL
DATE: 12APR’13 2:11PM
CARD TYPE: AMERICAN EXPRESS
ACCT #: XXXXXXXX
EXP DATE: XX/XX
AUTH CODE: R IKHELOA

SUBTOTAL: 55.08
GRATUITY $ 9.92
TOTAL $ 65.00
SIGNATURE

PLEASE LEAVE SIGNED COF: IN YOUR SERVER
THANK YOU HAVE A NICE DAY

04/13/2013 - Marriott San Diego Hotel & Marina
Meal while attending NSBA conference

-------------------------------
XXXXX EXCHANGE 4126 TERRIONA
-------------------------------
CHK 3010 13APR’13 8:56AM

CHECK
1 BF SAND EGG/CHZ 5.00
1 COFFEE 2.70
Sub-Total: 7.70
Tax 0.62
Total: 10.00
CHARGE TIP $ 1.68
AMERICAN EXPRESS 10.00
---4126 CLOSED 13APR 8:58AM---

04/14/2013 - Marriott San Diego Hotel & Marina
Meal while attending NSBA conference

& & & 413 & & &
***** CREDIT CARD VOUCHER *****
-------------------------------
SAN DIEGO MARINA MARRIOTT
SAN DIEGO, CALIFORNIA
EXCHANGE
CHECK: 3334
SERVER: 4113 SHANI
DATE: 14APR’13 8:44AM
CARD TYPE: AMERICAN EXPRESS
# : XXXXXXXX
DATE: XX/XX
CODE: R IKHELOA

SUBTOTAL: 9.40
GRATUITY $ 1.60
TOTAL $ 11.00
SIGNATURE
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<td>802, 1</td>
<td>239.00</td>
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<td>802, 1</td>
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<td>04/13</td>
<td>CA FEE</td>
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<td>04/16</td>
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<td>1089.27</td>
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TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE DIAL 71996 FOR VOICE MAIL CHECK-OUT; OR UTILIZE VIDEO CHECK-OUT FOR AN UPDATED STATEMENT AT THE BELLSTAND.

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK! SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account you will owe us such amount. If you are direct billed, if the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

@ Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com
04/14/2013 - MS Fields Cookies, San Diego - Meal while attending NSBA conference

MS FIELDS COOKIES.
1010 HARBOR DRIVE.
SAN DIEGO, CA 92101

04/14/2013  10:15:36
Merchant ID: 00000156817
Terminal ID: 04098206
1048215289

SALE AMOUNT $6.50

CUSTOMER COPY

04/16/2013 - Melkamu Wasse Melkam, San Diego - Taxi - Ground Transportion while attending NSBA conf.

Fare Receipt

Date _______

Passenger: ________________________________
The sum of $ 20.00
From ________________________________
To ________________________________
Cab No. ___________ Driver ___________

04/13/2013 - Niguse Berhan, San Diego - Taxi - Ground Transportion while attending NSBA conf.

NT C.\'s Niguse Berhan
1619 549 9774

COPY 04/12/2013 12:08:40
Sale:

Transaction 8
Card Type: AmericanExp
Auth: ************
Exp. Date: 12/13
Entry: Swiped
Invoice # 1855
Amount: 16.60

Auth Code: ___________
Response: AP

CUSTOMER COPY
## DEPOSIT SLIP

**Division of Controller Office**  
850 Hungerford Drive, Room 154  
Rockville, Maryland, 20850  
Billing@mcpsmd.org

**Requestor:** Becky Gibson  
**Department:** Board of Education  
**School:**  
**Contact Name:** Becky Gibson  
**E-Mail:** Becky_Gibson@mcpsmd.org  
**Phone:** 301-279-3617  
**Fax:** 301-279-3860  
**Address:** CESC, Room 123

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<th>Purpose/Invoice Number</th>
<th>Amount</th>
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<td>Roland Ikheoa, Reimburse AMEX, Giant Food, Inflight</td>
<td>$43.56</td>
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</table>

**Bank of America Advantage**

IKHIDE R IKHEOA  
FLORENCE O IKHEOA  
03-98  
2824  
5-20-13  
7-189/020 MD 2397  
$43.56

Pay to the order of MCPS  
Forty Three $56  
Dollars

Bank of America  
ACH RPT 050001603  
MEMO Reimbursement  
28 24

**Receipts Confirmation for Customer Only**

Received By: [Signature]  
In the amount of: $43.56  
Received Date: 6/6/13
**PURCHASING CARD**  
**Card Member Transaction Log**  
Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850  

Card member name: Ikhide Roland Ikheloa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From April 30, 2013 To May 29, 2013  
USE SEPARATE LOG FOR EACH ACCOUNT

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<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
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<tr>
<td>05/10/2013</td>
<td>05/10/2013</td>
<td>$30.00</td>
<td>Minerva of Maryland, Gaithersburg</td>
<td>Business luncheon with Council President Nancy Navarro</td>
<td>05/29/2013</td>
<td></td>
</tr>
<tr>
<td>05/17/2013</td>
<td>05/17/2013</td>
<td>$32.00</td>
<td>Minerva of Maryland, Gaithersburg</td>
<td>Business luncheon with Board President Barclay</td>
<td>05/29/2013</td>
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<td>05/02/2013</td>
<td>05/03/2013</td>
<td>$34.11</td>
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<td>Business luncheon with Smondrowski and Steinberg</td>
<td>05/29/2013</td>
<td></td>
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</tbody>
</table>

Total $136.11

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member: [Signature]  
Date: [6/27/2013]  
Signature, Approving Official: [Signature]  
Date: [7/5/2013]
### Corporate Purchasing Cardmember Report

**Prepared For**
ROLAND IKHELOA  
MCPS MDTAX

**Account Number**
XXXX-XXXX

**Closing Date**
05/29/13

**Balance Due**
136.11

For important information regarding your account, refer to page 2.

---

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

### Activity

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference Code</th>
<th>Amount</th>
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<td>05/17/13</td>
<td>MINERVA OF MD GAITHERSBURG MD</td>
<td>35440078000</td>
<td>32.00</td>
</tr>
<tr>
<td>05/03/13</td>
<td>WOODSIDE DELI ROCKVILLE MD</td>
<td>8510163102</td>
<td>34.11</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

- New Charges/Other Debits: 136.11
- Payments/Other Credits: -2,138.91

---

Please enter account number on all correspondence.

**Payment Coupon**

ROLAND IKHELOA  
MCPS MDTAX

850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
La Tasca
Rockville
141 Gibbs St
Rockville, MD 20850
79-7011

: Kevin
PM
DOB: 05/10/201

05/10/201
2, 2000

104858

Minerva Indian Cuisine
16240 5 Frederick Ave
Gaithersburg, MD 20877
(301) 946-9988

Server: Oscar
Station:

Order #: [REDACTED]

Table: 6 6

Weekday Lunch

SubTOTAL:

 tax:


= Total: [REDACTED]

Amount: $3.92

+ Tip: 6.5

= Total: [REDACTED]

$25.33

>> Ticket #: 50 <<
3/10/2013 1:08:12 PM
05/17/2013 - Minerva of Maryland, Gaithersburg - Business luncheon w/ Board President Barclay

MINERVA OF MD
16240 FREDERICK RD
GAITHERSBURG, MD 20877

05/17/2013 13:00:38
McCarran ID: 000000002915005
Terminal ID: 002333954
219075546

CREDIT CARD
AMEX SALE

AMEX XXXXXXXX

P: 000000

P AMT $28.63

TOTAL AMOUNT $34.00

CUSTOMER COPY

05/02/2013 - Woodside Deli, Rockville - Business luncheon w/ Smendrowski & Steinberg

ROCKVILLE DELI
4 N WASHINGTON STREET
ROCKVILLE, MD 20850

001-444-4478

Merch ID: 8881079814
Term ID: 7062
Server ID: 10

Sale

AMEX XXXXXXXX

Method: Swiped

$29.11

$5.00

$5.11

10000039 Appr Date: |11/4/17| 13:08

Customer Copy

THANK YOU
<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/30/2013</td>
<td>05/31/2013</td>
<td>$581.87</td>
<td>Mr. Tire, Rockville</td>
<td>Mistakenly used,</td>
<td>06/28/2013</td>
<td>0/5/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MCPS Reimbursed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** $581.87

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

[Signature, Card Member] 8/16/13  [Signature, Approving Official] 8/20/13
Corporate Purchasing Cardmember Report

Prepared For
ROLAND IKHELOA
MCPS MDTAX

Account Number

Closing Date
06/28/13

Page 1 of 2

Balance
Due $  Do Not Pay
581.87

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/07/13 CORPORATE REMITTANCE RECEIVED 06/07</td>
<td></td>
<td>-136.11</td>
</tr>
<tr>
<td>05/31/13 MR. TIRE 007740 ROCKVILLE MD 0099994200</td>
<td></td>
<td>581.87</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA

New Charges/Other Debits
581.87

Payments/Other Credits
-136.11

Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

Account Number

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

□
## Deposit Slip

**Requestor:** Becky Gibson  
**Department:** Board of Education  
**School:**  
**Contact Name:** Becky Gibson  
**E-Mail:** Becky_Gibson@mcpsmd.org  
**Phone:** 301-279-3617  
**Fax:** 301-279-3860  
**Address:** CESC, Room 123

<table>
<thead>
<tr>
<th>Deposit Type</th>
<th>FMS Account String</th>
<th>Purpose/Invoice Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
<td>Roland Ikheloa, Reimburse AMEX</td>
<td>$581.87</td>
</tr>
</tbody>
</table>

**Bank of America Advantage**

IKHIDE R IKHELOA  
FLORENCE Q IKHELOA  

Pay to the order of  
MCPS  

**Five Hundred Eighty-One Dollars**  

**Februay 8-5-13**  

**ACH Routing Number:** 021001633  
**Memo:**  

**Total:** $581.87

**Receipts Confirmation for Customer Only**

Received By:  
In the amount of: $581.87  
Received Date: 8/9/13
MEMORANDUM

To: Mrs. Susan Chen, Controller
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Ikhide Roland Ikheloa, ID [redacted]

Please issue a check in the amount of $37.81 in reimbursement of the attached receipts for parking and replacement parts and deposit check.

Please charge the account number indicated.

Mr. Ikhide Roland Ikheloa [redacted]

Thank you.

IRI:rlg

Attachment

Approved [signature]
03/04/2013 - Parking, Rockville Library, Attending Board of Education Retreat

WELCOME TO ROCKVILLE TOWN SQUARE

PLEASE KEEP THIS TICKET WITH YOU

Entered/Arrives: 2013/03/04 17:19

Ticket/Billet: 72496986
Due/Deuce: 18:47:26
Paid On/Page Le: 2013/03/04 17:19

Paid/Paye: $10.00
Original Fee: $10.00
GST: $0.00
PST: $0.00

Change: $0.00

MERCHANT

Seq: 865969

Purchase 18/03/04 17:22:48

03/10/2013 - Replacement Charger

WIRELESS ZONE
3229 SPARTAN RD
OLNEY, MD 20832

Amount: 15:07

CREDIT CARD
MC SALE

ICE

Approval Code: 01

Payment Method: Sh

E-AMOUNT $27.50

Auth: 

Seq: 865969
<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/22/2013</td>
<td>07/23/2013</td>
<td>$43.00</td>
<td>Ted's 355 Diner, Rockville</td>
<td>Lunch mtg. w/ Smordowski &amp; O'Neill</td>
<td>07/28/2013</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member: [Signature] Date: 8/22/13

Signature, Approving Official: [Signature] Date: 8/27/13
**Corporate Purchasing Cardmember Report**

Prepared For: ROLAND IKHELOA
MCPS MDTAX

Account Number: XXXX-XXX
Closing Date: 07/28/13

---

<table>
<thead>
<tr>
<th>Previous Balance $</th>
<th>New Charges $</th>
<th>Other Debits $</th>
<th>Payments $</th>
<th>Other Credits $</th>
<th>Due $</th>
<th>Do Not Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>581.87</td>
<td>43.00</td>
<td>0.00</td>
<td>581.87</td>
<td>0.00</td>
<td></td>
<td>43.00</td>
</tr>
</tbody>
</table>

Balance Due $ 43.00

For important information regarding your account, refer to page 2.

---

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

---

**Activity**

Date reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/03/13</td>
<td>CORPORATE REMITTANCE RECEIVED</td>
<td>-581.87</td>
</tr>
<tr>
<td>07/23/13</td>
<td>TED'S 355 DINER 5429 ROCKVILLE MD</td>
<td>43.00</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

<table>
<thead>
<tr>
<th>New Charges/Other Debits</th>
<th>Payments/Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.00</td>
<td>-581.87</td>
</tr>
</tbody>
</table>

---

**Payment Coupon**

Do not staple or use paper clips

---

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

---

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
0055
Server: MEI W (#321)          Rec: 27
07/22/13 12:41, Swiped    T: 5 Term: 4

TED'S 355
695 ROCKVILLE PIKE
ROCKVILLE, MD 20852
(    ) -
MERCHANT #:

CARD TYPE: AMERICAN EXPRESS
ACCOUNT NUMBER: XXXXXXXX

Name: R IKHELOA

00 TRANSACTION APPROVED

AUTHORIZATION #: [redacted]

Amount: [redacted]

VS TYPE: Credit Card SALE

TICK: $35.45
P: $7.57
TAL: $43.02

PHONE: (    ) -

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
SIGNED COPY -- MERCHAND

Suggested Gratuity
GRAT 18% 6.03
GRAT 20% 6.70
GRAT 25% 8.37
## PURCHASING CARD
Card Member Transaction Log

**Office of the Chief Operating Officer**
**Department of Materials Management**
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**Card member name:** Ikhide Roland Ikheoa  
**School/office name:** Board of Education  
**Work location:** CESC, Room 123  
**For the period:** From July 29, 2013 to August 28, 2013

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2013</td>
<td>08/01/2013</td>
<td>$25.00</td>
<td>Barnes &amp; Noble, Online</td>
<td>Automatic Membership Renewal</td>
<td>08/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Canceled - Will be refunded by B&amp;N)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total | $25.00 |

**CERTIFICATION STATEMENT**
I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

**Signature, Card Member:**  
**Date:** 19/11/13

**Signature, Approving Official:**  
**Date:** 10/16/13
**Corporate Purchasing Cardmember Report**

Prepared For: ROLAND IKHELOA  
MCPS MDTAX:  

| Account Number | Closing Date | 08/28/13 |

---

**Balance**  
Due $: 25.00  
Do Not Pay: For important information regarding your account refer to page 2.

---

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity**  
Date reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXX-XXXX</td>
<td></td>
<td>-43.00</td>
</tr>
<tr>
<td>08/12/13</td>
<td>CORPORATE REMI</td>
<td>08/12</td>
</tr>
<tr>
<td>08/01/13</td>
<td>BARNES&amp;NOBLE</td>
<td>08/01/13</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>REF# 000426123</td>
<td>NY</td>
</tr>
<tr>
<td>B Membership Renewal</td>
<td>0004266699</td>
<td>B Membership Renewal</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA:  
New Charges/Other Debits: 25.00  
Payments/Other Credits: -43.00

---

**Payment Coupon**  
Account Number:  

---

Please enter account number on all correspondence.

---

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

---

ROLAND IKHELOA  
MCPS MDTAX:  

| 850 HUNGERFORD RM123  
ROCKVILLE  
MD  20850-1718  
|
**PURCHASING CARD**

Card Member Transaction Log

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

---

Card member name: Ikhide Roland Ikheoa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From August 29, 2013, To September 28, 2013

---

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/26/2013</td>
<td>09/26/2013</td>
<td>-$25.00</td>
<td>Barnes &amp; Noble, Online</td>
<td>Auto. Membership Renewal - Refund</td>
<td>09/28/2013</td>
<td>[Blank]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

signature: [Signature, Card Member]  
date: [11/18/13]  
signature: [Signature, Approving Official]  
date: [11/18/13]
Corporate Purchasing Cardmember Report

Prepared For
ROLAND IKHELOA
MCPS MDTAX

Account Number
XXXX-XX

Closing Date
09/28/13

Balance
Due $  Do Not Pay
25.00
25.00

Previous Balance $  New Charges $  Other Debits $  Payments $  Other Credits $  Do Not Pay
25.00  0.00  0.00  25.00  25.00

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity
Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/13</td>
<td>CORPORATE REMITTANCE RECEIVED 09/05</td>
<td>-25.00</td>
</tr>
<tr>
<td>09/26/13</td>
<td>BARNES&amp;NOBLE MEMBER. NEW YORK NY 09/26/13 8039496473</td>
<td>-25.00 Credit</td>
</tr>
<tr>
<td>B&amp;M Membership: Rene RC NUMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA
New Charges/Other Debits
Payments/OtherCredits 0.00 -50.00

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
# PURCHASING CARD

**Card Member Transaction Log**

**Office of the Chief Operating Officer**  
**Department of Materials Management**  
**MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850**

Card member name: Ikhide Roland Ikheoa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From September 29, 2013 To October 28, 2013  

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2013</td>
<td>10/02/2013</td>
<td>$509.00</td>
<td>Fagers Island</td>
<td>Dinner during MABE Conference</td>
<td>10/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- CB, SB, PK, JK, PO, RS, RI, LS, JS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/01/2013</td>
<td>10/02/2013</td>
<td>$50.00</td>
<td>Sargent Cleaners, Olney</td>
<td>Mistakenly Used, MCPS Reimbursed</td>
<td>10/28/2013</td>
<td></td>
</tr>
<tr>
<td>10/06/2013</td>
<td>10/06/2013</td>
<td>$67.09</td>
<td>Target, Silver Spring</td>
<td>Mistakenly Used (MU) - Items returned</td>
<td>10/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>to store for credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/06/2013</td>
<td>10/06/2013</td>
<td>-$49.08</td>
<td>Target, Silver Spring</td>
<td>MU - Items credited</td>
<td>10/28/2013</td>
<td></td>
</tr>
<tr>
<td>10/06/2013</td>
<td>10/06/2013</td>
<td>-$18.01</td>
<td>Target, Silver Spring</td>
<td>MU - Items credited</td>
<td>10/28/2013</td>
<td></td>
</tr>
</tbody>
</table>

**Total**  
$559.00

---

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

[Signature, Card Member]  
[Date: 10/17]  
[Christopher Lindsey]  
[Signature, Approving Official]  
[Date: 11/15]
**PURCHASING CARD**
Card Member Transaction Log

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name: Ikhide Roland Ikheo
School/office name: Board of Education
Work location: CESC, Room 123
For the period: From September 29, 2013 To October 28, 2013

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2013</td>
<td>10/02/2013</td>
<td>$32.00</td>
<td>Clarion - Breakers Pub, Ocean City</td>
<td>Lunch during MABE Conf. - RI, LS</td>
<td>10/28/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>10/03/2013</td>
<td>10/04/2013</td>
<td>$95.00</td>
<td>Clarion - Horizons, Ocean City</td>
<td>Lunch during MABE Conference</td>
<td>10/28/2013</td>
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<td></td>
<td>- PK, RS, PO, RO, RI, LS</td>
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<tr>
<td>10/03/2013</td>
<td>10/04/2013</td>
<td>$19.28</td>
<td>Clarion - Horizons, Ocean City</td>
<td>Lunch during MABE Conference - JK</td>
<td>10/28/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>10/04/2013</td>
<td>10/04/2013</td>
<td>$151.53</td>
<td>Clarion Fontainebleau, Ocean City</td>
<td>Lodging, MABE Annual Conference</td>
<td>10/28/2013</td>
<td>[Redacted]</td>
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<td></td>
<td>(10/02/13 - 10/04/13)</td>
<td></td>
<td></td>
<td>Balance after deposit - Ikheo</td>
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<td></td>
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<tr>
<td>10/05/2013</td>
<td>10/05/2013</td>
<td>$151.53</td>
<td>Clarion Fontainebleau, Ocean City</td>
<td>Lodging, MABE Annual Conference</td>
<td>10/28/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
<td></td>
<td>(10/02/13 - 10/04/13)</td>
<td></td>
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<td>Balance after deposit - Steinberg</td>
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<tr>
<td>10/09/2013</td>
<td>10/10/2013</td>
<td>$160.00</td>
<td>Fix My Phone, Gaithersburg</td>
<td>iPad repair</td>
<td>10/28/2013</td>
<td>[Redacted]</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>$609.34</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member: [Redacted]
Date: [Redacted]

Signature, Approving Official: [Redacted]
Date: 12/11/13
### Corporate Purchasing Cardmember Report

Prepared For: ROLAND IKHELOA  
MCPS MDTAX  

Account Number: XXXX-XXXXX  
Closing Date: 10/28/13  

<table>
<thead>
<tr>
<th>Previous Balance</th>
<th>New Charges</th>
<th>Other Debts</th>
<th>Payments</th>
<th>Other Credits</th>
<th>Balance Due</th>
<th>Do Not Pay</th>
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<tbody>
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<td>25.00</td>
<td>1,235.43</td>
<td>25.00</td>
<td>0.00</td>
<td>67.05</td>
<td>1,168.34</td>
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</tr>
</tbody>
</table>

For important information regarding your account, refer to page 2.

---

See Page 5 For A Notice Of Changes To Your Agreement

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

### Activity

Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXXX</th>
<th>Reference Code</th>
<th>Amount</th>
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<tbody>
<tr>
<td>10/03/13 CLARION RESORT FontA OCEAN CITY MD</td>
<td>REF#</td>
<td>32.00</td>
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<td>REF#</td>
<td>19.28</td>
</tr>
<tr>
<td>10/04/13 CLARION RESORT HOTEL OCEAN CITY MD</td>
<td>REF#</td>
<td>151.53</td>
</tr>
<tr>
<td>ARRIVAL DATE 10/02/13</td>
<td>DEPARTURE DATE 10/03/13</td>
<td>ROOM RATE $145.00</td>
</tr>
<tr>
<td>10/05/13 CLARION RESORT HOTEL OCEAN CITY MD</td>
<td>REF#</td>
<td>151.53</td>
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<tr>
<td>ARRIVAL DATE 10/02/13</td>
<td>DEPARTURE DATE 10/04/13</td>
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<tr>
<td>10/09/13 Fix My Phone Fix My Gaithersburg MD</td>
<td>REF#</td>
<td>160.00</td>
</tr>
</tbody>
</table>

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Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Location</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/03/13</td>
<td>FAGER'S ISLAND</td>
<td>OCEAN CITY MD</td>
<td>5060460000</td>
<td>509.00</td>
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<td>10/02/13</td>
<td>SARGENT CLEANERS</td>
<td>OLNEY MD</td>
<td>85101600275</td>
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<td>SILVER SPRING MD</td>
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<td>CORPORATE DEDUCTION OF CREDIT BAL. 10/07</td>
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**Total for ROLAND IKHELOA**

- New Charges/Other Debits: 1,260.43
- Payments/Other Credits: -67.09
Clarion Fontainebleau Hotel
Breakers Pub

2029 DeLaunder 3

CHK 1955 TBL FISH GST 1
OCTO2'13 2:22PM

Bar Order

2 Soda 5.20
1 Fish & Chips 11.00
1 Chix Sand 10.00

Food 26.20
Other: 4.09
0.5% City Tax 0.13
6.0% Food Tax 1.58
Payment: 32.00
Charged Tip 4.09

XX/XX
7879/POS AMERICAN
American Express 32.00

---2029 CLOSED OCT02 3:02PM---

Clarkson Hotel

10/02/2013 - Clarion Fontainebleau - Breakers Pub
Lunch while attending MABE conf. - RI, LS
Clerion Fontainebleau Hotel
Horizons Restaurant:

OCT 03 '13 11:51 AM

Dining

1 Crab Ck Sand  16.00
1 Hot Dog  .50
1 Chef Salad  1.90
2 Lunch Special  11.90
2 Soup Of Day  12.00
1 Soda
1 Iced Tea

UBTOTA:  80.33

*tax:  14.67
TOTAL:  95.00

I agree to pay the above amount in accordance with card holder agreement.

[Signature]
Full Service Revenue Center
CHECK: 156
GST CHKID: 36
SERVER: 1107 Natalia
DATE: OCTO’13 1:03PM
CARD TYPE: American Express
ACCT #: XXXXXXXX
EXP DATE: XX/XX
AUTH CODE: R IKHELDA

SUBTOTAL: $16.78
Gratuity: $2.50
Total: $19.28

I agree to pay the above amount in accordance with card holder agreement.

10/03/2013 - Clarion Fontainebleau - Horizons
Lunch during MABE conf. - JK
Clarion Fontainebleau Hotel
10100 Coastal Highway
Ocean City, MD 21842
United States
Tel: 410-524-3535 Fax: 410-524-3834

Roland Ikhaloa
Montgomery County Bd Of Ed
850 Hungerford Drive
Rockville, MD 20850
United States
Email: becky_gibson@mcpsmd.org
BE0930 - Mabe

Guest Number: [Redacted]  Arrive Date: 10-02-13 13:39
Folio ID : A  Depart Date: 10-04-13
No. Of Guest: 1
Room Number : 919
Room Rate : 145.00

Tax Invoice

Fontainebleau Hotel  10-03-13  23:13  CHADB

<table>
<thead>
<tr>
<th>Date</th>
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<th>Description</th>
<th>Charges</th>
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<tr>
<td>10-02-13</td>
<td></td>
<td>4.5% Occupancy Tax</td>
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<tr>
<td>10-03-13</td>
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<td>American Express</td>
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<td>Room</td>
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<td>** Total</td>
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EXPENSE SUMMARY REPORT

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<tr>
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<th>Food&amp;Bev</th>
<th>Other</th>
<th>Total</th>
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<td>0.00</td>
<td>0.00</td>
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<tr>
<td>10-03-13</td>
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<tr>
<td>** Total</td>
<td>303.06</td>
<td>0.00</td>
<td>0.00</td>
<td>-151.53</td>
<td>151.53</td>
<td>-151.53</td>
</tr>
</tbody>
</table>
Clarion Fontainebleau Hotel
10100 Coastal Highway
Ocean City, MD 21842
United States
Tel: 410-524-3535 Fax: 410-524-3834

Roland Ikheloa
Montgomery County Bd Of Ed
850 Hungerford Drive
Rockville, MD 20850
United States
Email: becky_gibson@mcpsmd.org
BE0930 - Mabe

Page Number: 2  Guest Number: [REDACTED]  Arrive Date: 10-02-13 13:39
Folio ID: A  Depart Date: 10-04-13
No. Of Guest: 1
Room Number: 919
Room Rate: 145.00
Club Account:

Signature

I agree to remain personally liable for the payment of this account. For your convenience, we have prepared this zero-balance folio. Please be advised that any charges not reflected on this folio will be charged to the credit card on file. You are ultimately responsible for paying all of your folio charges in full.
Clarion Fontainebleau Hotel
10100 Coastal Highway
Ocean City, MD 21842
United States
Tel: 410-524-3535 Fax: 410-524-3834

Laura Steinberg
Montgomery County Bd Of Ed
850 Hungerford Drive
Rockville, MD 20850
United States
Email: becky_gibson@mcpsmd.org
BE0930 - Mabe

Copy Invoice

Fontainebleau Hotel 10-04-13 11:03 KATYS

<table>
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<tr>
<th>Date</th>
<th>Reference</th>
<th>Description</th>
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<td>10-02-13</td>
<td>DEPOSIT</td>
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<td>10-02-13</td>
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</table>

** Total |

*** Balance | -0.00

EXPENSE SUMMARY REPORT

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<th>Food&amp;Bev</th>
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<th>Payment</th>
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<td>0.00</td>
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<td>0.00</td>
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<tr>
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<td>0.00</td>
<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-151.53</td>
</tr>
</tbody>
</table>

Total | 303.06   | 0.00      | 0.00     | -151.53| 151.53| -151.53 |
Signature
I agree to remain personally liable for the payment of this account. For your convenience, we have prepared this zero-balance folio. Please be advised that any charges not reflected on this folio will be charged to the credit card on file. You are ultimately responsible for paying all of your folio charges in full.
Ikheloa, Roland

From: Square <noreply@messaging.squareup.com>
Sent: Wednesday, October 09, 2013 8:48 PM
To: Ikheloa, Roland
Subject: Receipt from Fix My Phone for $160.00

 Trouble viewing this email?

Fix My Phone
536 N Frederick Ave, Gaithersburg, MD 20877
301-281-7574

Oct 9, 2013 at 9:46pm
Receipt #VJBG

Roland iPad 2 $160.00

<table>
<thead>
<tr>
<th>Total  $160.00</th>
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<tbody>
<tr>
<td>2005  $160.00</td>
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</table>

Next time, leave your wallet at home.
You never have to swipe your card again
The Square Wallet app is the fastest and more personal way to pay. Download the free app for iPhone or Android.,
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Description</th>
<th>Person</th>
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<tbody>
<tr>
<td>7:17 PM</td>
<td>Soda</td>
<td>1</td>
<td>2.75</td>
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<td>Dolores Gabriel</td>
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<td>7:17 PM</td>
<td>Iced Tea</td>
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<td>2.75</td>
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<td>Dolores Gabriel</td>
</tr>
<tr>
<td>7:33 PM</td>
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<td>15.50</td>
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<tr>
<td>7:33 PM</td>
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<td>11.00</td>
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<tr>
<td>7:33 PM</td>
<td>BBQ Shp</td>
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<td>11.50</td>
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<td>7:33 PM</td>
<td>Smoked Fish</td>
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<tr>
<td>7:33 PM</td>
<td>&quot;w/ Cur Course&quot;</td>
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<td></td>
<td>Fine Dining</td>
<td>Dolores Gabriel</td>
</tr>
<tr>
<td>7:33 PM</td>
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<td></td>
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<tr>
<td>7:39 PM</td>
<td>FD Caesar Salad</td>
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<td>9.00</td>
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<td>7:39 PM</td>
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<td>7:39 PM</td>
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<td>9.00</td>
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<td>7:39 PM</td>
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<td>8.00</td>
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<tr>
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<tr>
<td>7:40 PM</td>
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<td>38.00</td>
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<tr>
<td>7:40 PM</td>
<td>Med</td>
<td>1</td>
<td></td>
<td>Fine Dining</td>
<td>Dolores Gabriel</td>
</tr>
<tr>
<td>7:40 PM</td>
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<td>Dolores Gabriel</td>
</tr>
<tr>
<td>7:40 PM</td>
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</tr>
<tr>
<td>7:40 PM</td>
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<tr>
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<td></td>
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<td>Dolores Gabriel</td>
</tr>
<tr>
<td>7:40 PM</td>
<td>Prfme Rib</td>
<td>1</td>
<td>39.00</td>
<td>Fine Dining</td>
<td>Dolores Gabriel</td>
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<tr>
<td>7:40 PM</td>
<td>Medium</td>
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<td>Fine Dining</td>
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<tr>
<td>7:40 PM</td>
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<tr>
<td>7:40 PM</td>
<td>Catch</td>
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<td>28.50</td>
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</tr>
<tr>
<td>7:40 PM</td>
<td>Shk/Shuff</td>
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<td>Dolores Gabriel</td>
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<tr>
<td>7:40 PM</td>
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<td>38.00</td>
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<td>Dolores Gabriel</td>
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<tr>
<td>7:40 PM</td>
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<td>33.00</td>
<td>Fine Dining</td>
<td>Dolores Gabriel</td>
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<tr>
<td>7:40 PM</td>
<td>NY Bleu</td>
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<td>38.00</td>
<td>Fine Dining</td>
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<tr>
<td>7:40 PM</td>
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</tr>
<tr>
<td>9:52 PM</td>
<td>Charge Tip $</td>
<td>1</td>
<td>80.34</td>
<td>Fine Dining</td>
<td>ServiceBarUp ServiceBarUp</td>
</tr>
<tr>
<td>9:52 PM</td>
<td>Amex</td>
<td>1</td>
<td>509.00</td>
<td>Fine Dining</td>
<td>ServiceBarUp ServiceBarUp</td>
</tr>
<tr>
<td>9:52 PM</td>
<td>xxxx</td>
<td>1</td>
<td></td>
<td>Fine Dining</td>
<td>ServiceBarUp ServiceBarUp</td>
</tr>
</tbody>
</table>

Sub Total: 402.50  
Tax: 26.18  
Service Charge: 80.34  
Check Total: 509.00

10/02/2013 - Fagers Island, Ocean City -  
Dinner during MABE conf.  
- CB, SB, FK, JX, PO, RS, RI, JS, JPS

11/7/2013 12:10 PM
<table>
<thead>
<tr>
<th>RCP ID</th>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>10265</td>
<td>MINI CUBE</td>
<td>T</td>
<td>$16.49</td>
</tr>
<tr>
<td>021130</td>
<td>MEDIUM CART</td>
<td>T</td>
<td>$11.99</td>
</tr>
<tr>
<td>GOODY COMBS</td>
<td></td>
<td>T</td>
<td>$1.68</td>
</tr>
<tr>
<td>122789</td>
<td>WALL DECAL</td>
<td>T</td>
<td>$12.99</td>
</tr>
<tr>
<td>300097</td>
<td>SWEET MINT</td>
<td>N</td>
<td>$3.34</td>
</tr>
</tbody>
</table>

**SUBTOTAL**: $46.49

**T = MD TAX**: 6.0000% on $43.15 - $2.59

**TOTAL REFUND**: $49.08

**AMEX CREDIT**: $49.08

---

<table>
<thead>
<tr>
<th>RCP ID</th>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>120272</td>
<td>WALL DECAL</td>
<td>T</td>
<td>$16.99</td>
</tr>
</tbody>
</table>

**SUBTOTAL**: $16.99

**T = MD TAX**: 6.0000% on $16.99 - $1.02

**TOTAL REFUND**: $18.01

**AMEX CREDIT**: $18.01

---

*10/06/2013 - Target, Silver Spring - Mistakenly Used Items returned and credited to AMEX card*
DEPOSIT SLIP

Division of Controller Office
850 Hungerford Drive, Room 154
Rockville, Maryland, 20850
Billing@mcpsmd.org

Requestor: Becky Gibson
Department: Board of Education
School: 
Contact Name: Becky Gibson
E-Mail: Becky_Gibson@mcpsmd.org
Phone: 301-279-3617
Fax: 301-279-3860
Address: CESC, Room 123

Deposit Type | FMS Account String | Purpose/Invoice Number | Amount
--- | --- | --- | ---
Check |  | Roland Ikheloa, Reimburse AMEX | $50.00

Bank of America Advantage

IKHIDE R IKHELOA 03-98
FLORENCE O IKHELOA

Pay to the order of

50.00

Memo

Total $50.00

Receipts Confirmation for Customer Only

Received By: 
In the amount of $50.00
Received Date: 

Print Form  Reset Form
MEMORANDUM

To: Mrs. Susan B. Chen, Controller
   Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Ikhide Roland Ikheloa, ID #

Please issue a check in the amount of $32.00 in reimbursement of the attached receipt for a business meeting and deposit check.

Please charge the account number indicated.

Mr. Ikhide Roland Ikheloa ..................

Thank you.

IRI:rlg

Attachment

Approved
10/23/2013 - Cuban Corner Restaurant, Rockville
Business meeting with Council President Navarro

Sale

Item: $ 28.00
Sales Tax: 3.94
Total: $ 32.00
**DEPOSIT SLIP**

Division of Controller Office  
850 Hungerford Drive, Room 154  
Rockville, Maryland, 20850  
Billing@mcpsmd.org

<table>
<thead>
<tr>
<th>Requestor:</th>
<th>Becky Gibson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Board of Education</td>
</tr>
<tr>
<td>School:</td>
<td></td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Becky Gibson</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:Becky_Gibson@mcpsmd.org">Becky_Gibson@mcpsmd.org</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>301-279-3617</td>
</tr>
<tr>
<td>Fax:</td>
<td>301-279-3860</td>
</tr>
<tr>
<td>Address:</td>
<td>CESC, Room 123</td>
</tr>
</tbody>
</table>

- **Cash**  
- **Check**  
- **Credit Card**  
- **Money Order**

**Request Date:** 2013/12/11

**Customer Signature:** Becky Gibson

<table>
<thead>
<tr>
<th>Deposit Type</th>
<th>FMS Account String</th>
<th>Purpose/Invoice Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
<td>Roland Ikhelo, Reimburse AMEX</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

| Total        | $50.00             |

**Receipts Confirmation for Customer Only**

Received by Judy Schmidt

In the amount of $50.00

Received Date 12-17-13
# PURCHASING CARD
Card Member Transaction Log

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

---

**Card member name:** Ikhide Roland Ikheloa  
**School/office name:** Board of Education  
**Work location:** CESC, Room 123  
**For the period:** From October 29, 2013 To November 28, 2013  
**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12/2013</td>
<td>11/12/2013</td>
<td>$750.00</td>
<td>Community Foundation, Online</td>
<td>Tickets, Mont County Executive's Arts</td>
<td>11/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ball - CB, PK, RS, PO and 2 spouses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(spouse tickets reimbursed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/12/2013</td>
<td>11/12/2013</td>
<td>$155.74</td>
<td>Eventbrite, Committee for Mont.</td>
<td>Tickets, Committee for Montgomery</td>
<td>11/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual Legislative Breakfast - RI, LS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/21/2013</td>
<td>11/22/2013</td>
<td>$45.00</td>
<td>Eventbrite, Women's Legislative</td>
<td>Tickets, Women's Legislative Briefing</td>
<td>11/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Brandman, O'Neill, Smondrowski</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**  
$1,002.64

---

**CERTIFICATION STATEMENT**  
I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

*Signature, Card Member*  
12/17/13  
*Signature, Approving Official*  
12/17/13
Corporate Purchasing Cardmember Report

Prepared For
ROLAND IKHELOA
MCPS MDTAX

Account Number
XXXX-XX-

Closing Date
11/28/13

Page 1 of 2

Previous Balance $ 1,168.34
New Charges $ 1,002.64
Other Debts $ 0.00
Payments $ 1,168.34
Other Credits $ 0.00
Balance Due $ 1,002.64
Do Not Pay

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity Date reflects either transaction or posting date

Card Number XXXX-XXXXX
Reference Code

Amount $

11/12/13 CORPORATE REMITTANCE RECEIVED 11/12

11/12/13 COMMUNITY FOUNDATION DC REF# 11/12/13

11/12/13 EB COMMITTEE FOR MD SAN FRANCISCO CA REF# 11/12/13

11/12/13 SLICE OF ROCKVILLE ROCKVILLE MD ROC NUMBER 20850 11/11/13

Total for ROLAND IKHELOA

New Charges/Other Debts
Payments/Other Credits

1,002.64

-1,168.34

Do not staple or use paper clips

Payment Coupon

Please enter account number on all correspondence.

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RMT23
ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
**Gibson, Becky**

**From:** Donor Services <onlinegifts@cfncr.org>  
**Sent:** Tuesday, November 12, 2013 10:11 AM  
**To:** Gibson, Becky  
**Subject:** Community Foundation for the National Capital Region Customer Receipt/Purchase Confirmation

---

**Thank you for your order!**

<table>
<thead>
<tr>
<th>Order Information</th>
<th>Shipping Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchant: Community Foundation for the National Capital Region</td>
<td></td>
</tr>
<tr>
<td>Description: Montgomery County Executive's Ball</td>
<td></td>
</tr>
<tr>
<td>Invoice Number:</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Billing Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Roland Ikehloa</td>
<td></td>
</tr>
<tr>
<td>850 Hungerford Drive</td>
<td></td>
</tr>
<tr>
<td>Rockville, Maryland 20850</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Becky_Gibson@mcpsmd.org">Becky_Gibson@mcpsmd.org</a></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Qty</th>
<th>Taxable</th>
<th>Unit Price</th>
<th>Item Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Select the number of Executive</td>
<td>1</td>
<td>N</td>
<td>US $750.00</td>
<td>US $750.00</td>
</tr>
<tr>
<td></td>
<td>6 Ball Tickets - $750</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Total: US $750.00

---

**American Express**

**Date/Time:** 12-Nov-2013 7:11:01 PST  
**Transaction ID:** [Redacted]
**DEPOSIT SLIP**

**Requestor:**
Department: Board of Education  
School:  
Contact Name: Becky Gibson  
E-Mail: Becky_Gibson@mcpsmd.org  
Phone: 301-279-3617  
Fax: 301-279-3860  
Address: CESC, Room 123

**Deposit Type** | **FMS Account String** | **Purpose/Invoice Number** | **Amount**  
--- | --- | --- | ---  
Check |  | Patricia O’Neill Reimbursement to AMEX, Executive Arts Ball for spouse ticket | $125.00

**Payee Information:**
JAMES RICHARD O’NEILL  
PATRICIA BAIER O’NEILL  
MCPSS  
Pay to the Order of MCPSS | $125.00  

**Bank:**  
PNCBANK  
For: Arts Ball  

**Receipts Confirmation for Customer Only**
Received By:  
In the amount of $125.00  
Received Date:  

**Signature:** Becky Gibson

**Date:** 12/11/2013
**DEPOSIT SLIP**

Division of Controller Office  
850 Hungerford Drive, Room 154  
Rockville, Maryland, 20850  
Billing@mcpsmd.org

---

**Requestor:**

- **Department:** Board of Education
- **School:**
- **Contact Name:** Becky Gibson
- **E-Mail:** Becky_Gibson@mcpsmd.org
- **Phone:** 301-279-3617
- **Fax:** 301-279-3860
- **Address:** CESC, Room 123

---

**Deposit Type** | **FMS Account String** | **Purpose/Invoice Number** | **Amount**
---|---|---|---
Check |  | Patricia O'Neil Reimbursement to AMEX, Executive Arts Ball for spouse ticket | $125.00

---

**Total** $125.00

---

**Receipts Confirmation for Customer Only**

- **Received By:** [Signature]
- **In the amount of:** $125.00
- **Received Date:** 12/11/2013
**DEPOSIT SLIP**

Division of Controller Office  
850 Hungerford Drive, Room 154  
Rockville, Maryland, 20850  
Billing@mcpsmd.org

<table>
<thead>
<tr>
<th>Requestor:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Board of Education</td>
</tr>
<tr>
<td>School:</td>
<td></td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Becky Gibson</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:Becky_Gibson@mcpsmd.org">Becky_Gibson@mcpsmd.org</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>301-279-3617</td>
</tr>
<tr>
<td>Fax:</td>
<td>301-279-3860</td>
</tr>
<tr>
<td>Address:</td>
<td>CESC, Room 123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deposit Type</th>
<th>FMS Account String</th>
<th>Purpose/Invoice Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
<td>Philip Kauffman Reimbursement to AMEX, Executive Arts Ball for spouse ticket</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

|  |
|  |

Total $125.00

Receipts Confirmation for Customer Only

Received By: [Signature]

In the amount of $125.00

Received Date: 6/2/14
Deposit Slip Form Instruction

1. Deposit needs to be dropped off by **2:00pm** daily.
2. Limit $2,000 in cash for each deposit slip, or no more than 200 individual checks for each deposit slip.
3. List cash, money order and checks separately on Deposit Slip form.
4. Multiple deposit slips Must be verified upon submitting. Cashier will sign off on the section of receipt confirmation for customer on Deposit Slip form after verifying Deposit Slip forms.
5. Run the tapes for multiple checks, money order or cash. Group check, money order or cash in the sequence of amounts.
6. Stamps of deposit only on the back of checks.
7. Customer contact information is required on Deposit Slip form. E-mail address is strongly recommended. **PLEASE PRINT LEGIBLY.**
8. Submit 2 copies of Deposit Slip if you want a signed copy for the record.

---

PHILIP S. KAUFFMAN
BETH L. KAUFFMAN

Pay to the Order of: [Name]

$15.00

Date: 6/14/14

Capital One Bank

[Signature]

Account # [Redacted]

[Redacted]
You're going to Committee for Montgomery Annual Legislative Breakfast!

Your order has been saved to My Tickets

✓ Order # tickets for $155.74
✓ Tickets have been sent to Becky_Gibson@mcpasm.org and each attendee

You can use Eventbrite to organize events of all kinds!
From a local performance to a charity gala, or even a 5K run, Eventbrite makes it easy for anyone to create an event page and manage who's coming.

Learn more

HI Roland,
See you at the event!

Thanks,
Barbara Henry,
Managing Director 301-960-5263

Questions about this event?
Contact Us
View organizer profile
Hi Roland, this is your order confirmation for 2014 Women's Legislative Briefing
Organized by Montgomery County Commission for Women

Here are your tickets

Mobile Tickets

Paper Tickets
Open the email attachment or download here

Questions about this event?
Contact the organizer at judith.vaughan-prater@montgomerycountymd.gov
### Order Summary

**Order #: [Redacted]**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirley Brandman</td>
<td>General Admission</td>
<td>1</td>
<td>$15.00</td>
</tr>
<tr>
<td>Patricia O’Neill</td>
<td>General Admission</td>
<td>1</td>
<td>$15.00</td>
</tr>
<tr>
<td>Rebecca Smundrowski</td>
<td>General Admission</td>
<td>1</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

**TOTAL**

$45.00

Charged to: American Express - [Redacted]

This charge will appear on your credit card statement as EB *2014 Womens Legisl.

This order is subject to Eventbrite Terms of Service, Privacy Policy, and Cookie Policy.

### About this event

- **Sunday, January 26, 2014**
  - from 11:30 AM to 6:00 PM (EST)
  - The Universities at Shady Grove Campus, Building II
  - 9630 Gudelsky Drive
  - Rockville, MD 20850

Add to my calendar:
- Google
- Outlook
- iCal
- Yahoo

### Your Account

Log in to access tickets, manage your orders, and check out event recommendations just for you.
11/11/2013 - Slice of Rockville - Dinner, Facilities and Boundaries Hearing

Phone Order

Method: Manual
d't Online  Batch#: 0001
  19:33

Appr Code: [redacted]

Amount: $5

Customer Conv.

THANK YOU
Corporate Purchasing Cardmember Report

Prepared For
ROLAND IKHELOA
MCPS MDTAX

Account Number: XXXX-XX
Closing Date: 01/28/12

Balance
Due $ 96.81
Do Not Pay

For important information regarding your account, refer to page 2.

Your account is past due, please contact your program administrator.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity

<table>
<thead>
<tr>
<th>Date</th>
<th>Card Number</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05/12</td>
<td>CBI*MALWAREBYTES COR REF# SOFTWARE</td>
<td>01/05/12</td>
<td>30.90</td>
</tr>
<tr>
<td>.01/28/12</td>
<td>DELINQUENCY-CHARGE-ON</td>
<td></td>
<td>29.00</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA:

<table>
<thead>
<tr>
<th>New Charges/Other Debits</th>
<th>Payments/Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.90</td>
<td>0.00</td>
</tr>
</tbody>
</table>
MEMORANDUM

To: Mr. Robert Doody, Controller
    Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Ikhide Roland Ikheloa, ID # [Redacted]

Please issue a check in the amount of $22.00 in reimbursement of the attached receipt for a business meeting and deposit check.

Please charge the account number indicated.

Mr. Ikhide Roland Ikheloa .................[Redacted]

Thank you.

IRI:rlg

Attachment

Approved [Signature]
BOMBAY BISTRO
98 W MONTGOMERY AVE
ROCKVILLE, MD 20850

Terminal #: 80808082
DEC 16, 11 1:24 PM

VISA
SALE
BATCH #: 481
RRH: 135024115334

AMOUNT $18.97
TIP $3.23
TOTAL $22.20

APPROVED
CUSTOMER COPY

BOMBAY BISTRO
98 W. MONTGOMERY AVE
ROCKVILLE, MD. 20850

12/16/11 000000
#0179 1:22PM SERV.0010001

TABLE#00000009

GUEST 2
***PBAL $0.00

BUFFET WEEKDAY $17.90
BAL FWD $17.90
MDSE ST $17.90
TTL TAX $1.07 ***TOTAL $18.97

Try our Lunch Buffet
Mon-Friday 1130-0230 $8.95
Sat&Sunday 1200-0300 $10.95

Also ask for weekday SPECIALS
Mon Thursday [dinner only]
MEMORANDUM

To:         Mr. Robert J. Doody, Controller  
               Division of Controller

From:      Ikhide Roland Ikheloa, Chief of Staff

Subject:   Check Request Payable to Roland Ikheloa, ID #__________

Please issue a check in the amount of $30.00 in reimbursement of one ticket purchased to support the Asian American Education Association’s scholarship and deposit check.

Please charge the account number for the Board Member/Staff Person indicated.

Mr. Ikhide Ikheloa ........................................

Thank you.

IRI:rlg

Attachment

Approved
Asian American Education Association
Invites you to a
Lunar New Year Banquet
Keynote Speaker
Dr. Frieda Lacey
Deputy Superintendent,
Montgomery County Public Schools

Year of the Dragon

Date: Wednesday, February 15, 2012
(Snow date is Wednesday, February 22, 2012)
Location: New Fortune Restaurant
16515 Frederick Avenue, Gaithersburg, MD 20877
Time: Registration 5:30 p.m., dinner 6:00 p.m.
Ticket Price: $300.00 per table ($30 per person)

Gold Sponsor: $500.00 per table
Silver Sponsor: $400.00 per table

Tickets must be purchased in advance and will not be sold at the door. If you are unable to attend, donations are accepted. Tickets are non-refundable

The Lunar New Year banquet is a scholarship fundraiser for Asian American high school students interested in pursuing a postsecondary degree in education

For ticket information, please e-mail:
Molly_Hong@mcpsmd.org
Checks written to AAEA can be mailed to:
Molly Hong, CESC, Room #50, 850 Hungerford Dr., Rockville, MD 20850
**PURCHASING CARD**  
Card Member Transaction Log  
Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name: Ikhide Roland Ikheoa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From **March 1, 2012** to **March 31, 2012**

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/27/2012</td>
<td>03/27/2012</td>
<td>$159.60</td>
<td>AirTran Airways, BWI to Boston</td>
<td>Air Travel for NSBA Conf. - Ikheoa</td>
<td>03/29/2012</td>
<td></td>
</tr>
<tr>
<td>03/27/2012</td>
<td>03/27/2012</td>
<td>$159.60</td>
<td>AirTran Airways, BWI to Boston</td>
<td>Air Travel for NSBA Conf. - Xie</td>
<td>03/29/2012</td>
<td></td>
</tr>
<tr>
<td>03/16/2012</td>
<td>03/16/2012</td>
<td>-$29.00</td>
<td>Adjustment for Delinquency Fee</td>
<td></td>
<td>03/29/2012</td>
<td></td>
</tr>
</tbody>
</table>

Total $290.20

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

**Signature, Card Member**  
**Date**  
**Signature, Approving Official**  
**Date**
# Corporate Purchasing Cardmember Report

Prepared For
ROLAND IKHELOA
MCP5 MDTAX

Account Number XXXX-XX
Closing Date 03/29/12

<table>
<thead>
<tr>
<th>Previous Balance $</th>
<th>New Charges $</th>
<th>Other Debits $</th>
<th>Payments $</th>
<th>Other Credits $</th>
<th>Due $</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>319.20</td>
<td>0.00</td>
<td>0.00</td>
<td>29.00</td>
<td>290.20</td>
</tr>
</tbody>
</table>

Balance Due $ 290.20

Do Not Pay
For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

## Activity
Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/27/12 AIRTRAN AIRWAYS, INC ATLANTA GA</td>
<td>0334920000</td>
<td>159.60</td>
</tr>
<tr>
<td>TK#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/26/12 PASSENGER TICKET IKHELOA/IKIDE AIRLINE/AIR</td>
<td>0334920000</td>
<td></td>
</tr>
<tr>
<td>FROM BALTIMORE MD TO CARRIER CLASS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOSTON MA FL L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO BALTIMORE MD FL V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO UNAVAILABLE YY 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO UNAVAILABLE YY 00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on Page 3

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

ROLAND IKHELOA
MCP5 MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/27/12</td>
<td>AIRTRAN AIRWAYS, INC ATLANTA GA PASSENGER TICKET XIE/ALAN AIRLINE/AIR C 03/26/12</td>
<td>03409000000</td>
<td>159.60</td>
</tr>
<tr>
<td></td>
<td>FROM BALTIMORE MD TO CARRIER CLASS FL L TO BALTIMORE MD FL V TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/16/12</td>
<td>ADJUSTMENT FOR DELINQUENCY FEE DATE OF ABOVE 03/10</td>
<td></td>
<td>-29.00</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

New Charges/Other Debits 319.20
Payments/Other Credits -29.00
## Booked Items

### Flight: Baltimore to Boston

**Expedia itinerary number:** [Redacted]
**Airline ticket number(s):** [Redacted]
**AirTran Airways confirmation code:** [Redacted]

**Main contact:** Ikhide Ikheola
**E-mail:** becky_gibson@mcpsmdd.org
**Preferred phone:** [Redacted]

### Traveler and cost summary

<table>
<thead>
<tr>
<th>Traveler</th>
<th>Type</th>
<th>Add Frequent Flyer number(s)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ikhide Ikheola</td>
<td>Adult</td>
<td>Add Frequent Flyer number(s)</td>
<td>$128.37</td>
</tr>
<tr>
<td>Alan Xie</td>
<td>Adult</td>
<td>Add Frequent Flyer number(s)</td>
<td>$128.37</td>
</tr>
</tbody>
</table>

**Taxes & Fees:** $62.46
**Total (American Express):** $319.20

### Flight summary

Seat assignments, meal preferences, and special requests must be confirmed with the airline; we cannot guarantee that they will be honored. Free and special meals are not available on many flights.

**Thu 19-Apr-12**

- **Baltimore (BWI)** to **Boston (BOS)**
- Depart: 8:20 am
- Arrive: 9:41 am
- Distance: 369 mi (594 km)
- Duration: 1 hr 21 min

### Economy/Coach Class (Seat assignments upon check-in)

- Boeing 717-900, 90% on time
- Total distance: 369 mi (594 km)
- Total duration: 1 hr 21 min

**Mon 23-Apr-12**

- **Boston (BOS)** to **Baltimore (BWI)**
- Depart: 8:40 pm
- Arrive: 10:09 pm
- Distance: 369 mi (594 km)
- Duration: 1 hr 29 min

### Economy/Coach Class (Seat assignments upon check-in)

- Boeing 737-700
- Total distance: 369 mi (594 km)
- Total duration: 1 hr 29 min

### Airline rules & regulations
- Please note that the most restrictive set of rules applies to your entire itinerary.

- **Baltimore, MD (BWI-Baltimore Washington Intl. Thurgood Marshall) to Boston, MA (BOS-All Airports)**
  - Tickets are nonrefundable. A fee of $75.00 per ticket will be charged for itinerary changes after the tickets are issued, provided that the booking rules were followed.

- **Boston, MA (BOS-All Airports) to Baltimore, MD (BWI-Baltimore Washington Intl. Thurgood Marshall)**
  - Tickets are nonrefundable. A fee of $75.00 per ticket will be charged for itinerary changes after the tickets are issued, provided that the booking rules were followed.

- Tickets are nontransferable and name changes are not allowed.
- Please read important information regarding airline liability limitations.
- Prices do not include baggage fees or other fees charged directly by the airline.
- Other penalties may apply.
- See an overview of all the rules and restrictions applicable for this fare.
- View the complete penalty rules for changes and cancellations associated with this fare.
MEMORANDUM

To: Mr. Robert J. Doody, Controller
    Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Roland Ikheloa, ID # [redacted]

Please issue a check in the amount of $32.00 in reimbursement of the attached receipts for parking and replacement of County Council Identification Badge and deposit check.

Please charge the account number for the Board Member/Staff Person indicated.

Mr. Ikhide Ikheloa ........................................

Thank you.

IRI:rlg

Attachment

Approved
04/10/2012 - Parking while attending County Council Mtg

Date 4/10/12
Amount Received $ 7.00
Location 4/P7
Ticket #

Employee

02/29/2012 - Fee to obtain replacement County Council ID

RECEIPT

DATE 2/29/12
No. 318525

RECEIVED FROM

DATE 2/29/12
No. 318525

ACCOUNT

PAYMENT

BAL. DUE

CASH

CREDIT CARD

MONEY ORDER

CHECK

FOR

FOR

FROM

TO

By

Twenty five

$5.00

Lost 20
# PURCHASING CARD
## Card Member Transaction Log

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

---

Card member name: Ikhide Roland Ikheola  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From April 1, 2012 To April 30, 2012

USE SEPARATE LOG FOR EACH ACCOUNT

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/19/2012</td>
<td>04/20/2012</td>
<td>$20.00</td>
<td>AirTran Airways</td>
<td>Luggage, NSBA Conference</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/19/2012</td>
<td>04/20/2012</td>
<td>$20.00</td>
<td>AirTran Airways</td>
<td>Luggage, NSBA Conference</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/19/2012</td>
<td>04/20/2012</td>
<td>$28.00</td>
<td>Silver Diner, BWI Airport</td>
<td>Break., NSBA Conference - Ikheola Xie</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/20/2012</td>
<td>04/22/2012</td>
<td>$120.00</td>
<td>Durgin Park Restaurant, Boston</td>
<td>Dinner, NSBA Conference - Ikheola, Barclay, Berthiaume, Brandman</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kauffman, Starr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/22/2012</td>
<td>04/23/2012</td>
<td>$27.00</td>
<td>Renaissance Waterfront, Capiz</td>
<td>Lunch, NSBA Conference - Berthiaume</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/22/2012</td>
<td>04/23/2012</td>
<td>$34.96</td>
<td>Renaissance Waterfront Hotel, Boston</td>
<td>Lunch, NSBA Conference - Ikheola Xie</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/23/2012</td>
<td>04/23/2012</td>
<td>$6.75</td>
<td>Levy Restaurant, Boston Conv. Center</td>
<td>Meal, NSBA Conference</td>
<td>04/28/2012</td>
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<tr>
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<td></td>
<td>Total $256.71</td>
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<td></td>
</tr>
</tbody>
</table>

---

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

[Signature, Card Member]  
[Signature, Approving Official]  
[Date]
Card Member Transaction Log

Card member name: Ikhide Roland Ikholoa
School/office name: Board of Education
Work location: CESC, Room 123
For the period: From April 1, 2012 To April 30, 2012

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other — must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/23/2012</td>
<td>04/24/2012</td>
<td>$40.00</td>
<td>AirTran Airways</td>
<td>Luggage, NSBA Conference</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/23/2012</td>
<td>04/24/2012</td>
<td>$38.00</td>
<td>Renaissance Waterfront, 606 Congress</td>
<td>Lunch, NSBA Conference - Ikholoa Xie</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/23/2012</td>
<td>04/24/2012</td>
<td>$94.00</td>
<td>Renaissance Waterfront, Capiz</td>
<td>Lunch, NSBA Conference - Ikholoa Xie</td>
<td>04/28/2012</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Xie, Barclay, Berthiaume</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/24/2012</td>
<td>04/24/2012</td>
<td>$60.00</td>
<td>Parking, BWI Airport</td>
<td>Airport Parking, NSBA Conference</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/24/2012</td>
<td>04/24/2012</td>
<td>$1,202.12</td>
<td>Renaissance Waterfront Hotel, Boston</td>
<td>Lodging, NSBA Conference - Ikholoa Xie</td>
<td>04/28/2012</td>
<td></td>
</tr>
<tr>
<td>04/23/2012</td>
<td>04/24/2012</td>
<td>$1,057.60</td>
<td>Renaissance Waterfront Hotel, Boston</td>
<td>Lodging, NSBA Conference - Xie</td>
<td>04/28/2012</td>
<td></td>
</tr>
</tbody>
</table>

| Total        |                | $2,491.72        |                                    |                                                                       |                |                        |

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member: [Signature]
Date: 04/23/12

Signature, Approving Official: [Signature]
Date: 05/29/12
### Corporate Purchasing Cardmember Report

<table>
<thead>
<tr>
<th>Prepared For</th>
<th>Account Number</th>
<th>Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROLAND IKHELOA</td>
<td>XXXX-XXXXX</td>
<td>04/28/12</td>
</tr>
<tr>
<td>MCPS MDTAX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Balance $</th>
<th>New Charges $</th>
<th>Other Debts $</th>
<th>Payments $</th>
<th>Other Credits $</th>
<th>Due $</th>
<th>Do Not Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>290.20</td>
<td>2,748.43</td>
<td>0.00</td>
<td>280.20</td>
<td>0.00</td>
<td>2,748.43</td>
<td></td>
</tr>
</tbody>
</table>

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

### Activity

**Date reflects either transaction or posting date**

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/10/12 CORPORATE REMITTANCE RECEIVED 04/10</td>
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<td>-290.20</td>
</tr>
<tr>
<td>04/20/12 AIRTRAN ATLANTA GA</td>
<td></td>
<td>20.00</td>
</tr>
<tr>
<td>TKT# MISCELLANEOUS TAX(E) FEE($) IKHIDE IKHELOA AIRTRAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FROM BALTIMORE MD TO CARRIER CLASS BOSTON MA FL L TO BALTIMORE MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO UNAVAILABLE YY 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO UNAVAILABLE YY 00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

Continued on Page 3

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Location1</th>
<th>Location2</th>
<th>Misc. Tax/Fees</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/20/12</td>
<td>AIRTRAN</td>
<td>ATLANTA</td>
<td>GA</td>
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<td>20.00</td>
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<tr>
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<td>TK#</td>
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<td>MISCELLANEOUS TAX(ES)/FEE(S)</td>
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</tr>
<tr>
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<td>IKHIDE IKHELOA</td>
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<td>AIRTRAN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FROM BOSTON MA</td>
<td></td>
<td></td>
<td>FL L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TO BOSTON MA</td>
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<td></td>
<td>FL V</td>
<td></td>
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<td>MISCELLANEOUS TAX(ES)/FEE(S)</td>
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<td>FROM BOSTON MA</td>
<td></td>
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<td>FL L</td>
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<td>YY 00</td>
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</tr>
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<tr>
<td>04/22/12</td>
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<td>NY</td>
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<tr>
<td></td>
<td>REF#</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/23/12</td>
<td>MARRIOTT MARRIOTT MA BOSTON</td>
<td>MA</td>
<td></td>
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<td>27.00</td>
</tr>
<tr>
<td></td>
<td>LODGING</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ARRIVAL DATE DEPARTURE DATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>04/22/12 04/22/12 00</td>
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</tr>
<tr>
<td>04/23/12</td>
<td>MARRIOTT MARRIOTT MA BOSTON</td>
<td>MA</td>
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<td>34.96</td>
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<td>LODGING</td>
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<tr>
<td></td>
<td>04/22/12 04/22/12 00</td>
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<tr>
<td>04/24/12</td>
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<td></td>
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<td></td>
<td>ARRIVAL DATE DEPARTURE DATE</td>
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</tr>
<tr>
<td></td>
<td>04/23/12 04/23/12 00</td>
<td></td>
<td></td>
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<tr>
<td>04/24/12</td>
<td>MARRIOTT MARRIOTT MA BOSTON</td>
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<tr>
<td></td>
<td>04/23/12 04/23/12 00</td>
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**Total for ROLAND IKHELOA**

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<th>Location1</th>
<th>Location2</th>
<th>Misc. Tax/Fees</th>
<th>Amount</th>
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New Charges/Other Debits: 2,748.43
Payments/Other Credits: -290.20
Airtran Airways
Payment Receipt

Date: 19Apr12

Payment Number: [Redacted]

Received: American Express $20.00

20.00 USD
$20.00
$20.00 USD

Remarks: [Redacted]

Received by Agent: 212861

Signature:


Airtran Airways
Payment Receipt

Date: 19Apr12

Reference Number: [Redacted]

Received: American Express $20.00

20.00 USD
$20.00
$20.00 USD

Remarks: [Redacted]

Received by Agent: 212861

Signature:


Airtran Airways
Payment Receipt

Date: 19Apr12

Reference Number: [Redacted]

Received: American Express $40.00

40.00 USD
$40.00
$40.00 USD

Remarks: [Redacted]

Received by Agent: [Redacted]

Signature:
04/20/2012 - Meal, NSBA Conference - Ikheloa, Kauffman, Berthiaume, Brandman, Starr, Barclay

Durgin Park Restaurant
40 Faneuil Hall Market
(617) 227-2038

Server: Danielle
Table: 9:10 PM
Guest: 100046

Tea
2.50
Lemonade (2 $3.75)
6.50
Lam Chowd
5.95
Calamari
9.25
Bot Pie
14.95

Seafood Platter (Broiled)
23.95
Knockwurst
10.95
Fish & Chips
17.95

Subtotal
95.25
Tax
6.67

Durgin Park Restaurant
40 Faneuil Hall Market
(617) 227-2038

Server: Danielle
DOB: 04/20/2012
09:12 PM
Table 51/1
04/20/2012
10/00046

Sale
115343
Card # XXXXXXXX
Magnetic card present: IKHELOA R
Card Entry Method: S

Date: 04/20/2012

I agree to pay the above
Tip:
Tip: 18.58
Total: 122.03

please leave signed copy with your server
04/23/2012 - Lunch, NSBA Conference - Ikheloa, Xie

& & & 401 & & &
***** 606 CONGRESS *****

55 KARIM
----------

TBL 63/1 3101 GST 2
23APR'12 12:02PM

-------------------------------
2 VELOCITY* 30
2 ORGANIC GREENS 0.0
1 SHRIMP TACOS 0.00
1 SOFT SHELL CRAB 0.00
Sub-Total 30.00
Stat 2.10
12:36 TO 10

---

Please leave signed copy
with your server

04/22/2012 - Lunch, NSBA Conference - Ikheloa, Xie

& & & 404 & & &
***** CREDIT CARD VOUCHER *****

PENNAISSANCE HOTEL WATERFRONT
BOSTON, MA

LOUNGE
CHECK: 7418
TABLE: 15/1
SERVER: 406 HOLLY
DATE: 22APR'12 1:38PM
CARD TYPE: AMERICAN EXPRESS
ACCT #: XXXXXXXXX
EXP DATE: XX/XX
AUTH CODE: R IKHEL OA

SUBTOTAL: 29.96
GRATUITY $ 5.04
TOTAL $ 35.00

Please leave signed copy
with your server

RENEE PELLEGRINO
CONGRESS

C: 3101
E: 63/1
R: 55 KARIM

TYPE: AMERICAN EXPRESS
# XXXXXXXXX
DATE: XX/XX
CODE: R IKHEL OA

SUBTOTAL: 32.10
GRATUITY $ 5.90
TOTAL $ 38.00
SIGNATURE

Please leave signed copy
with your server
**04/23/2012 - Meal, NSBA Conference**
Ikheloa, Xie, Barclay, Berthiaume

---

**403 SEAN**

**TBL 1/10   7552**
**TABLE 4/2**
**23APR'12  2:12PM**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CAPIZ SQUID</td>
<td>10.00</td>
</tr>
<tr>
<td>2 STEAK FRITES</td>
<td>38.00</td>
</tr>
<tr>
<td>1 LOBSTER ROLL</td>
<td>24.00</td>
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<tr>
<td><strong>Sub-Total:</strong></td>
<td><strong>77.00</strong></td>
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<tr>
<td><strong>State:</strong></td>
<td><strong>7.00</strong></td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>84.00</strong></td>
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</tbody>
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**404 & & 404 & &**

---

**04/19/2012 - Meal, NSBA Conference**
Ikheloa, Xie

---

**SILVER DINER**
BWI Airport

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*Please leave signed copy with your server*
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TO BE SETTLED TO: AMERICAN EXPRESS CURRENT BALANCE .00

THANK YOU FOR CHOOSING RENAISSANCE! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: REBECCA GIBSON@MCPSMD.ORG
SEE "INTERNET PRIVACY STATEMENT" ON MARriott.COM

To secure your next stay, go to renaissancehotels.com or call 800.HOTELS.1.
Thank you for choosing the Renaissance Boston Waterfront Hotel for your recent stay.

As requested, below is a billing summary or adjustment for your stay. **If you have questions about your bill, please contact us at (617) 338-4111 or customer.service@renaissanceboston.com.**

Make another reservation on RenaissanceHotels.com >>

### Summary of Your Stay

<table>
<thead>
<tr>
<th>Hotel: Renaissance Boston Waterfront Hotel</th>
<th>Guest: IKHELOA/IKHIDEROLAND</th>
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</thead>
<tbody>
<tr>
<td>606 Congress Street</td>
<td>MCPSMD</td>
</tr>
<tr>
<td>Boston, Massachusetts 02210</td>
<td>850 HUNGERFORD DRIVE</td>
</tr>
<tr>
<td>USA</td>
<td>ROCKVILLE, MD 20850</td>
</tr>
<tr>
<td>(617) 338-4111</td>
<td>USA</td>
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**Dates of stay:** Apr 19, 2012 - Apr 23, 2012  
**Room number:** 1151  
**Guest number:**  
**Marriott Rewards number:** None

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04/21/12  606  2816  26.00
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04/21/12  WFB TAX  LOWBAND  0.81
04/21/12  GP ROOM  1416, 1  225.00
04/21/12  STATETAX  1416, 1  12.83
04/21/12  CITY TAX  1416, 1  13.50
04/21/12  CCF TAX  1416, 1  6.19
04/22/12  TELECOMM  LOWBAND  12.95
04/22/12  WFB TAX  LOWBAND  0.81
04/22/12  GP ROOM  1416, 1  225.00
04/22/12  STATETAX  1416, 1  12.83
04/22/12  CITY TAX  1416, 1  13.50
04/22/12  CCF TAX  1416, 1  6.19
04/23/12  Payment - American Express  1,202.12

**Total balance**  0.00 USD

Was that the best night's sleep you've ever had? How about a repeat performance at your place!

[COLLECTRENAISSANCE.COM](http://COLLECTRENAISSANCE.COM)

**Important Information**

**Do Not Reply to this Email**
This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (617) 338-4111.

**Why Have I Received this Email?**
You have received this email because you requested during your stay to receive an electronic version of your bill by email.

**Availability**
Electronic versions of your hotel bill, available by email from our over 2,300 participating properties in the Marriott family of hotels in the USA and Canada, are emailed to you within 72 hours of check-out. These email messages reflect changes made to your bill up to 11pm on your day of departure. Any adjustments after that time may not be shown.

If you have received this email in error, please notify us.

Learn more about eFolio, receiving your hotel bills by email.

**Authenticity of Bills**
Marriott retains official records of all charges and credits to your account and will honor only those records.

**Privacy**
Your privacy is important to Marriott. For full details of our privacy policy, please visit our Internet Privacy Statement.

**Credit of Marriott Rewards Points**
From: NSBAHousing@cmrus.com
Sent: Friday, March 09, 2012 2:02 PM
To: Gibson, Becky
Subject: [REDACTED] Alan Xie Hotel Confirmation for National School Boards Association NSBA's 72nd Annual Conference

---

**HOUSING CONFIRMATION NOTICE**

NSBA's 72nd Annual Conference, Boston, MA, US
NSBA Confirmation [REDACTED] made on 2/8/2012

PLEASE CAREFULLY READ THE FOLLOWING POLICIES: SHUTTLE SERVICE: Shuttle Service will be provided for all NSBA Housing hotels with the exception of the Westin Boston Waterfront, Seaport, and Renaissance Waterfront; as they are with-in easy walking distance.

CREDIT CARD POLICIES: If your reservation is guaranteed by credit card, NSBA Housing will not charge any deposit. However, your designated hotel may charge a deposit of one night's stay plus tax after March 30, 2012, depending on the hotel's policy.

The credit card provided in the reservation is for guarantee only. It cannot be used for actual hotel charges upon checkout unless written permission from the card holder is provided to the hotel. Otherwise a major credit card will be required upon check-in at your designated hotel.

SMOKING POLICIES: All hotels are 100% non-smoking. Requests for smoking rooms can not be honored.

Check your reservation details below for accuracy.

---

**GUEST INFORMATION:**

<table>
<thead>
<tr>
<th>Guest Name:</th>
<th>Alan Xie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Rebecca_Gibson@mcpsmd.org">Rebecca_Gibson@mcpsmd.org</a></td>
</tr>
<tr>
<td>Company:</td>
<td>MCPSMD</td>
</tr>
<tr>
<td>Address:</td>
<td>850 Hungerford Drive</td>
</tr>
<tr>
<td></td>
<td>Rockville MD 20850 United States</td>
</tr>
</tbody>
</table>

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**HOTEL INFORMATION:**

<table>
<thead>
<tr>
<th>Hotel Name:</th>
<th>Renaissance Boston Waterfront **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel Address:</td>
<td>606 Congress Street</td>
</tr>
<tr>
<td></td>
<td>Boston, MA 02210</td>
</tr>
<tr>
<td>Arrival Date:</td>
<td>Thursday, 4/19/2012</td>
</tr>
</tbody>
</table>
**Departure Date:** Monday, 4/23/2012  
**# of Nights:** 4  
**Hotel Early Departure Fee:** No Early Departure Penalty  
**Room Type:** NON-SMOKING ROOM  
**Occupancy:** Single - 1 person  
**Rate:** $225.00  
**Applicable Hotel Tax:** 14.45%  
*Hotel tax subject to change and room rate does not include applicable hotel taxes or surcharges.*  
**Estimated Room+Tax Total:** $1,030.05

**IMPORTANT HOTEL POLICIES:**

**Deposit Policy:**  
Guaranteed By: American Express (Exp. 10/2013)  
Cancellation Policy: Last day to cancel without penalty is 3/23/2012

**TO CHANGE OR CANCEL YOUR RESERVATION:**  
Online: Visit [http://www3.cmrhousing.com/NSBA_2N](http://www3.cmrhousing.com/NSBA_2N) and enter your confirmation number, email address, and zip or postal code in the form provided.  
Phone: Please call NSBA Housing toll-free at (800) 616.8210 or at (415) 979-2264, Monday through Friday, 9:00 a.m. to 9:00 p.m. Eastern Time.  
Email or Fax: You may also contact us by email at NSBAHousing@cmrus.com or fax at (415) 216-2535.  
**DO NOT CALL THE HOTEL DIRECTLY FOR CHANGES OR CANCELLATIONS UNTIL 4/10/2012.**

Failure to check in on your scheduled date of arrival or failure to abide the stated cancellation policy may result in the loss of your entire reservation and may be subject to a cancellation, no show penalty, or loss of your room deposit.

The guest acknowledges that after the cancellation deadline, NSBA Housing shall have no obligation to recover or seek recovery of any deposit monies on the guest's behalf.

Thank you for using NSBA Housing for the NSBA's 72nd Annual Conference.

To ensure proper delivery of our future emails, take a moment now and add our email address NSBAHousing@cmrus.com - to your Address Book, Trusted Sender List, or Company White List.

**NSBA Housing**

**Email:** NSBAHousing@cmrus.com  
**US and Canada Toll-Free:** (800) 616.8210  
**International:** (415) 979-2264  
**Fax:** (415) 216-2535

---

*Please consider the environment before printing this email.*

---

2
From: Thanks for staying! <efolio@renaissancehotels.com>
Sent: Saturday, May 12, 2012 5:24 AM
To: Gibson, Becky
Subject: Your Apr 19, 2012 - Apr 22, 2012 stay at the Renaissance Boston Waterfront Hotel

Thank you for choosing the Renaissance Boston Waterfront Hotel for your recent stay.

As requested, below is a billing summary or adjustment for your stay. **If you have questions about your bill, please contact us at (617) 338-4111 or customer.service@renaissanceboston.com.**

Make another reservation on RenaissanceHotels.com >>

---

**Summary of Your Stay**

**Hotel:** Renaissance Boston Waterfront Hotel  
606 Congress Street  
Boston, Massachusetts 02210  
USA  
(617) 338-4111

**Guest:** XIE/ALAN  
MCPSMD  
850 HUNGERFORD DRIVE  
ROCKVILLE, MD 20850  
USA

**Dates of stay:** Apr 19, 2012 - Apr 22, 2012  
**Room number:** 608  
**Group number:**

**Guest number:**

**Marriott Rewards number:** None

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference</th>
<th>Charges</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/22/12</td>
<td>Payment - American</td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Express</td>
<td>XXXXXXXXX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total balance:** 0.00 USD

Was that the best night’s sleep you’ve ever had? How about a repeat performance at your place!

---

**Important Information**

**Do Not Reply to this Email**  
This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (617) 338-4111.

**Why Have I Received this Email?**  
You have received this email because you requested during your stay to
receive an electronic version of your bill by email.

Availability
Electronic versions of your hotel bill, available by email from our over 2,300 participating properties in the Marriott family of hotels in the USA and Canada, are emailed to you within 72 hours of check-out. These email messages reflect changes made to your bill up to 11pm on your day of departure. Any adjustments after that time may not be shown.

If you have received this email in error, please notify us.

Learn more about eFolio, receiving your hotel bills by email.

Authenticity of Bills
Marriott retains official records of all charges and credits to your account and will honor only those records.

Privacy
Your privacy is important to Marriott. For full details of our privacy policy, please visit our Internet Privacy Statement.

Credit of Marriott Rewards Points
After a stay, it may take up to 7 days for Marriott Rewards points to be credited to your account.
# PURCHASING CARD
## Card Member Transaction Log
**Office of the Chief Operating Officer**
**Department of Materials Management**
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**Card member name:** Ikhide Roland Ikheoa  
**School/office name:** Board of Education  
**Work location:** CESC, Room 123  
**For the period:** From May 1, 2012 To May 31, 2012

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/28/2012</td>
<td>04/30/2012</td>
<td>$33.25</td>
<td>CVS, Olney</td>
<td>Mistakenly Used Instead of My Personal American Express</td>
<td>05/28/2012</td>
<td></td>
</tr>
<tr>
<td>05/15/2012</td>
<td>05/16/2012</td>
<td>$29.63</td>
<td>Baja Fresh, King Farm, Rockville</td>
<td>Lunch, Ombudsman Case</td>
<td>05/28/2012</td>
<td></td>
</tr>
</tbody>
</table>

| Total | $62.88 |

---

## CERTIFICATION STATEMENT
I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privileges and/or disciplinary action.

**Signature, Card Member:**  
**Date:** 6/1/12

**Signature, Approving Official:**  
**Date:** 6/27/12
Corporate Purchasing Cardmember Report

Prepared For: ROLAND IKHELOA
MCPS MDTAX: [Redacted]

Closing Date: 05/28/12

Account Number: [Redacted]

Balance
Due $  62.88

Do Not Pay
For important information regarding your account refer to page 2.

Previous Balance $  2,748.43
New Charges $  62.88
Other Debts $  0.00
Payments $  2,748.43
Other Credits $  0.00

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity
Data reflects either transaction or posting date

Card Number XXXX-XXX
Reference Code

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/14/12</td>
<td>CORPORATE REMITTANCE RECEIVED</td>
<td>3,000.00</td>
</tr>
<tr>
<td>05/18/12</td>
<td>BAJA FRESH - KING FA ROCKVILLE MD</td>
<td>12345.00</td>
</tr>
<tr>
<td>04/30/12</td>
<td>CVS 1431 01431 OLNEY MD</td>
<td>001789200</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA

New Charges/Other Debts  62.88
Payments/Other Credits  2,748.43

Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA
MCPS MDTAX: [Redacted]
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

[ ]
05/15/12 - Lunch meeting - Ikheloa with Constituent

#157

2 Bottle Water                      3.50  
1 Speciality Drink                 2.49  
1 Skinny Chicken Soup              6.99  
2 Ch 2 TACO COMBO                  13.98 
1 Ch 3 TACO                        0.99  

Taxable:                             27.85 
Sub-total:                           27.95 
Gratuity:                            0.00  
Taxes:                               1.68  

Total:                               30.63 

Tip:                                  

Total:                               30.63 

Ikheloa/R

I agree to pay the above total amount according to the card issuer agreement.

Thank you for Dining at
Baja Fresh!!!
DEPOSIT SLIP

Requestor: Becky Gibson
Department: Board of Education
School: CESC, Room 123

Request Date: 2012/06/18
Customer Signature: Becky Gibson

<table>
<thead>
<tr>
<th>Deposit Type</th>
<th>FMS Account String</th>
<th>Purpose/Invoice Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
<td>Roland Ikheloa, Reimburse AMEX, CVS, Olney</td>
<td>$33.25</td>
</tr>
</tbody>
</table>

Bank of America Advantage

IKHIDE R. IKHELOA
FLORENCE O. IKHELOA

To the order of

$33.25

Memo

Total $33.25

Receipts Confirmation for Customer Only

Received By: In the amount of $33.25 Received Date: 

Print Form  Reset Form
**DEPOSIT SLIP**

Requestor: Becky Gibson  
Department: Board of Education  
School:  
Contact Name: Becky Gibson  
E-Mail: Becky_Gibson@mcpsmd.org  
Phone: 301-279-3617  
Fax: 301-279-3860  
Address: CESC, Room 123

<table>
<thead>
<tr>
<th>Deposit Type</th>
<th>FMS Account String</th>
<th>Purpose/Invoice Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
<td>Roland Ikheloa, Reimburse AMEX, CVS, Olney</td>
<td>$33.25</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $33.25

Receipts Confirmation for Customer Only

Received By: [Signature]  
Received Date: 6.27.12

In the amount of $33.25
MEMORANDUM

To: Mr. Robert Doody, Controller
    Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Ikhide Roland Ikheloa, ID: [Redacted]

Please issue a check in the amount of $117.94 in reimbursement of the attached receipts for ground transportation and meals while attending the National School Boards Associations Conference and deposit check.

Please charge the account number indicated.

Mr. Ikhide Roland Ikheloa [Redacted]

Thank you.

IRI:rlg

Attachment

Approved [Signature]

[Signature]
SILVER DINER
BWI Airport

104 K.j ones J

Tbl 7/1 Chk 3173 Gst 2
Apr 19'12 07:01AM

2 Coffee 4.78
1 Two Egg Ala 1.99
1 Bagel w/Cm C 2.49
1 Hearty Bfast 9.69
Charge Tip 4.00
XXX
V' 24.09

Subal 18.95
Tax 1.14
1.2.3.4 4.00
Total 24.09

104 Check Closed
Apr 19'12 07:30AM

04/19/2012 - 04/21/2012 -- Ground Transportation, NSBA Conference - Boston

Metro Cab
617 782-5500
www.metro-cab.com

Airport Service
Station Wagons
24hr. Service

Handicapped Vehicles Available
Courier Service
Business Acct. Available

Credit Cards Accepted

CAB COMPANY

Amount $21.50 Cab #

CAB FARE

Date 4-19-12

RECEIPT FOR CAB FARE

FROM

TO

CAB NO.

LENSER CR

ASSOCIATION

DRIVERS NAME

Support the WEST ENJ HOUSE Boys and Girls Club.
105 Allston Street - Allston, MA 02134-5029

 Havana

TRI CITY AIRPORT

500 TERMINAL D E

EAST BOSTON, MA 02128

STORE: 00071 REG: 001 CASHIER: GUAMRA

FANTA ORANGE 20 OZ

49000019162 1 @ 2.49 2.49 N

SUBTOTAL 2.49

TOTAL 2.49

AMOUNT TENDERED

Cash 5.00

TOTAL PAYMENT 5.00

CHANGE 2.51

Transaction: 240813 4/23/2012 7:53 PM

We accept returns (except for print media) for exchange or refund within 14 days of original purchase date when accompanied by the sales receipt and purchased at this location. We do not accept returns on preprinted calendars, plastic cutters, and flags at any time.
### PURCHASING CARD
Card Member Transaction Log

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**Card member name:** Ikhide Roland Ikhetoa  
**School/office name:** Board of Education  
**Work location:** CESC, Room 123  
**For the period:** From June 1, 2012 To June 28, 2012

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/12/2012</td>
<td>06/13/2012</td>
<td>$40.00</td>
<td>Il Pizzico, Rockville</td>
<td>Lunch Meeting with Senator King</td>
<td>06/28/2012</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $40.00

### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

**Signature, Card Member**  
**Date** 8/3/12  
**Reviewed by the President**  
**Date** 8/27/12
Corporate Purchasing Cardmember Report

Prepared For: ROLAND IKHELOA
MCPS MDTAX [redacted]  

Closing Date: 06/28/12  
Page 1 of 2

<table>
<thead>
<tr>
<th>Previous Balance $</th>
<th>New Charges $</th>
<th>Other Debits $</th>
<th>Payments $</th>
<th>Other Credits $</th>
<th>Balance Due $</th>
<th>Do Not Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.88</td>
<td>40.00</td>
<td>0.00</td>
<td>62.88</td>
<td>0.00</td>
<td>40.00</td>
<td>For important information regarding your account refer to page 2.</td>
</tr>
</tbody>
</table>

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity
Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number XXXX-XXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/12/12 CORPORATE REMITTANCE RECEIVED 06/12</td>
<td>01520000000</td>
<td>-62.88</td>
</tr>
<tr>
<td>06/13/12 IL PIZZI ROCKVILLE MD</td>
<td>2690000900</td>
<td>40.00</td>
</tr>
</tbody>
</table>

Total for ROLAND IKHELOA
New Charges/Other Debits 40.00
Payments/Other Credits -62.88

Do not staple or use paper clips

Payment Coupon

Account Number

Please enter account number on all correspondence.

ROLAND IKHELOA
MCPS MDTAX [redacted]  
850 HUNGERFORD MT23 ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
06/12/12 - Lunch meeting - Ikheoa with Senator King

**************
IL PIZZICO
RISTORANTE

IL PIZZICO

12:09 L 06/12/12 #3
TABLE... RAFFAELE GUESTS 2

1 PENN MELANZANE 11.95
1 SELEZIONE DI ROSSO
1 COKE

IL PIZZICO
5209 FREDERICK RD
ROCKVILLE, MD. 20850
301-309-0810

06/12/12
12:40 PM
55 CHECK: 3
1
14 RAFFAELE
AMEX XXXXXX
XX/XX

APPROVED: 517850

AUTH $ 34.34
TIP $ 5.66
CHARGE $ 40.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

X
IKHEOA/R

TOP COPY-MERCHANT BOTTOM COPY-GUEST
MEMORANDUM

To: Mr. Robert Doody, Controller
    Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Ikhide Roland Ikheloa, ID # [redacted]

Please issue a check in the amount of $53.00 in reimbursement of the attached receipts
for business meetings and deposit check.

Please charge the account number indicated.

Mr. Ikhide Roland Ikheloa ...........................

Thank you.

IRI:rlg

Attachment

Approved [Signature]
**06/15/12 - Lunch meeting - Ikheoa with Mr. Barclay**

Paradise Indian Grill  
15124 Frederick Rd  
Rockville, MD 20850  
ph (301) 762-2440

Thank you for visiting

---

**TABLE: C 2 - 1 Guest**

Your server was Demo User  
6/15/2012 2:48:40 PM - ID #: 0062065

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday Lunch Buffet</td>
<td>(2)</td>
<td>$19.98</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>$19.98</td>
</tr>
<tr>
<td>Total Taxes</td>
<td></td>
<td>$1.20</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>$21.18</td>
</tr>
<tr>
<td>Amount Due</td>
<td></td>
<td>$21.18</td>
</tr>
</tbody>
</table>

Credit Purchase

<table>
<thead>
<tr>
<th>Name</th>
<th>IKHEOA/IKHIDE R</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC Type</td>
<td>VISA</td>
</tr>
<tr>
<td>CC Num</td>
<td>XXXX XXXX</td>
</tr>
<tr>
<td>Reference</td>
<td></td>
</tr>
<tr>
<td>Approval</td>
<td></td>
</tr>
<tr>
<td>Server</td>
<td>Demo User</td>
</tr>
<tr>
<td>Ticket Name</td>
<td>C 2</td>
</tr>
</tbody>
</table>

Payment Amount: $21.18  
Tip: $2.82  
Total: $24.00

---

**05/30/12 - Lunch meeting - Ikheoa with Dr. Spatz**

IL PIZZICO  
15209 FREDERICK RD  
ROCKVILLE, MD. 20850  
301-309-0610

DATE: 05/30/12  
TIME: 12:51 PM  
TABLE: 25 CHECK: 6  
SEATS: 1  
SRVR: 1 OSMAR  
AUTH#: 175733 INV#: 00000601  
ACCT: VISA XXXX0000

EXDT: XX/XX  
APPROVED:  

<table>
<thead>
<tr>
<th>AUTH $</th>
<th>23.22</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIP $</td>
<td>578</td>
</tr>
<tr>
<td>CHARGE $</td>
<td>2900</td>
</tr>
</tbody>
</table>

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

X  
IKHEOA/IKHIDE R

TOP COPY—MERCHANT BOTTOM COPY—QUEST
**PURCHASING CARD**  
Card Member Transaction Log  
Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850  

**Card member name:** Ihide Roland Ikheloa  
**School/office name:** Board of Education  
**Work location:** CESC, Room 123  
**For the period:** From August 1, 2012 To August 28, 2012  
**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2012</td>
<td>08/01/2012</td>
<td>$25.00</td>
<td>Barnes &amp; Noble, Online</td>
<td>Membership renewal</td>
<td>08/28/2012</td>
<td></td>
</tr>
<tr>
<td>08/14/2012</td>
<td>08/15/2012</td>
<td>$1,245.00</td>
<td>MABE, Paypal, Online</td>
<td>MABE Annual Conference Registration - Kauffman, Mannes, Steinberg</td>
<td>08/28/2012</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $1,270.00

---

**CERTIFICATION STATEMENT**  
I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

**Signature, Card Member:**  
**Date:** 9/25/12

**Signature, Approving Official:**  
**Date:**
Corporal Purchasing Cardmember Report

Prepared For
ROLAND IKHELOA
MCPS MDTAX

Account Number XXXX-

Closing Date 08/28/12

Page 1 of 2

Balance
Due $ Do Not Pay

For important information regarding your account refer to page 2.

Called at 9124/12

to dispute membership and charges. They will be removed.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity

Data reflects either transaction or posting date

Card Number XXX-XXXX

Reference Code Amount $ 06/01/12 BARNES&NOBLE MEMBER NEW YORK 00202885 25.00

NY

ROC NUMBER

08/15/12 PAYPAL *MABE 08/14/12 1,245.00

REF# OTHER

CA 92341741000

ROC NUMBER

Total for ROLAND IKHELOA

New Charges/Other Debits 1,270.00

Payments/Other Credits 0.00

Do not staple or use paper clips

Payment Coupon

Account Number

Please enter account number on all correspondence.

ROLAND IKHELOA
MCPS MDTAX

850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity

Card Number XXXX-XXXX

Reference Code

Amount $  

10/06/12  B.J.'S ON THE WATER OCEAN CITY MD 82461800000 166.00

10/06/12  CLARION RESORT-HOTEL OCEAN CITY MD 10/05/12 10/06/12 10/05/12 00 80451800000 172.43

10/06/12  CLARION RESORT HOTEL OCEAN CITY MD 10/06/12 80451800000 151.53

10/02/12  CUBAN CORNER RESTAUR ROCKVILLE MD 86180600000 33.92

10/04/12  NANTUCKETS 461662000 FENWICK ISLAN DE 70011002000 390.00

Do not staple or use paper clips

Payment Coupon

ROLAND IKHELOA
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
<table>
<thead>
<tr>
<th>Date</th>
<th>NSBA</th>
<th>Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18/12</td>
<td>0115</td>
<td>ALEXANDRIA</td>
<td>3,165.00</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

- New Charges/Other Debits: 4,078.88
- Payments/Other Credits: 0.00
Payment Receipt

Receipt ID

Total
$1,245.00 USD

We'll send a confirmation email to Becky_Gibson@mcpsmd.org. This transaction will appear on your statement as PayPal *MABE.

Paid to
Maryland Association of Boards of Education
registration@mabe.org
410-841-5414 x 31

Shipped to
Roland Ikheoa
850 Hungerford Drive
Rockville, MD 20850
United States

Your shopping cart

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment to Katherine Bennett for invoice 2012</td>
<td>$1,245.00</td>
<td>1</td>
<td>$1,245.00</td>
</tr>
<tr>
<td>Annual Conf#</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Item total $1,245.00

Total $1,245.00 USD
Bill To
Rebecca_Gibson@mcpasmd.org
Montgomery County Board of Education
Becky Gibson
850 Hungerford Drive
Rockville, MD 20850
United States

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/3/2012</td>
<td>Annual Conference Registration - Philip Kauffman</td>
<td>1</td>
<td>$415.00</td>
<td>$415.00</td>
</tr>
<tr>
<td>10/3/2012</td>
<td>Annual Conference Registration - John Mannes</td>
<td>1</td>
<td>$415.00</td>
<td>$415.00</td>
</tr>
<tr>
<td>10/3/2012</td>
<td>Annual Conference Registration - Patricia B. O'Neill</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>(complimentary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/3/2012</td>
<td>Annual Conference Registration - Laura Steinberg</td>
<td>1</td>
<td>$415.00</td>
<td>$415.00</td>
</tr>
</tbody>
</table>

Subtotal $1,245.00

Total $1,245.00 USD
# PURCHASING CARD
Card Member Transaction Log

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name: Ikhide Roland Ikheloa

School/office name: Board of Education
Work location: CESC, Room 123

For the period: From September 29, 2012 To October 28, 2012

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2012</td>
<td>10/02/2012</td>
<td>$33.92</td>
<td>Cuban Corner, Rockville</td>
<td>Mtg with Council Vice Pres. Navarro</td>
<td>10/28/2012</td>
<td></td>
</tr>
<tr>
<td>10/03/2012</td>
<td>10/04/2012</td>
<td>$390.00</td>
<td>Nantuckets, Ocean City</td>
<td>Dinner while attending MABE Conf.</td>
<td>10/28/2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Attendees: JM, IRI, PK, SB, JS, PO, MD, JD, NK, CB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/03/2012</td>
<td>10/06/2012</td>
<td>$172.43</td>
<td>Clarion Fontainebleau Hotel</td>
<td>Lodging, MABE Annual Conference</td>
<td>10/28/2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(10/03/2012 - 10/05/2012) - Ikheloa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/03/2012</td>
<td>10/06/2012</td>
<td>$151.53</td>
<td>Clarion Fontainebleau Hotel</td>
<td>Lodging, MABE Annual Conference</td>
<td>10/28/2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(10/03/2012 - 10/05/2012) - Steinberg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total** $747.88

---

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

[Signature, Card Member]  [Date]  [Signature, Approving Official]  [Date]

12/10/12
**PURCHASING CARD**  
*Card Member Transaction Log*

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

---

**Card member name**: Ikhide Roland Ikheola  
**School/office name**: Board of Education  
**Work location**: CESC, Room 123  
**For the period**: From September 29, 2012 to October 28, 2012

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required) (Student or other—must be identified.)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/05/2012</td>
<td>10/06/2012</td>
<td>$166.00</td>
<td>B.J.'s on the Water, Ocean City</td>
<td>Dinner while attending MABE Conf. (Attendees: PO, CB, MD, PK, JM, LS, IRI)</td>
<td>10/28/2012</td>
<td>[Blank]</td>
</tr>
<tr>
<td>10/17/2012</td>
<td>10/18/2012</td>
<td>$3,165.00</td>
<td>National School Boards Assoc., Online</td>
<td>NSBA Annual Conference Registration (Mannes, King, Ikheola, Barclay)</td>
<td>10/28/2012</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

**Total**: $3,331.00

---

**CERTIFICATION STATEMENT**  
I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privileges and/or disciplinary action.

Signature, Card Member: [Signature]  
Date: 12/31/02  
Signature, Approving Official: [Signature]  
Date: 12/10/12
Date: 10/03/2012  Time: 09:19 AM  Server: 179

Foodstuffs

- 2.00 Crab & Artichoke Tartelette
- 7.50 Crab Louis
- 11.99 Split Stilton & Fruits
- 25.77 Field of Greens Salad
- 31.26 Caesar Salad
- 31.26 Lobster Pie
- 29.59 Fish & Chips Special
- 22.95 Moules Mignon
- 6.50 Bouillabaisse
- 2.55 Coffee
- 3.25 Tea
- 1.90 White Wine

Cheese & Bread

- 7.95 Antipasto
- 4.50 Caprese Salad
- 9.00 Tomatoes & Basil

Drinks

- 5.00 Chardonnay
- 11.50 Cabernet Sauvignon
- 9.50 Pinot Noir

Total: $324.00

Thank you for dining with us. Enjoy your day.

10/03/2012 - Dinner while attending MASE annual conference (Attendee: Jr. Mkt. Pr. Sec. Sr. Mkt. Ad. Mr. C Sullivan, Cal.

1001/2012 - Meeting with Council Vice President Navarro
Fontainebleau Hotel
10100 Coastal Highway
Ocean City, MD 21842
United States
410-524-3535 Fax: 410-524-3834

Ikhide Roland Ikheloa
Montgomery Co Board Of Ed
850 Hungerford Drive
Room 123
Rockville, MD 20850
United States
BE1001 - Mabe

Guest Number: [REDACTED]
Folio ID: A
No. Of Guest: 1
Room Number: 717

- Copy Tax Invoice

Fontainebleau Hotel 10-05-12 11:14 LEILAM

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-03-12</td>
<td>DEPOSIT</td>
<td>Deposit Applied</td>
<td>0.00</td>
<td>165.00</td>
</tr>
<tr>
<td>10-03-12</td>
<td></td>
<td>Room</td>
<td>165.00</td>
<td>-172.43</td>
</tr>
<tr>
<td>10-03-12</td>
<td></td>
<td>Exch Rate: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>4.5% Occupancy Tax</td>
<td>7.43</td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>Room</td>
<td>165.00</td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>Exch Rate: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-05-12</td>
<td>AX</td>
<td>American Express</td>
<td>7.43</td>
<td></td>
</tr>
</tbody>
</table>

***For Authorization Purpose Only***

xx: [REDACTED]

Date      | Code | Authorized |
-----------|------|------------|
10-03-12   |      | 256.57     |

** Total 344.86 | -344.86
*** Balance 0.00

Signature
I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
Fontainebleau Hotel
10100 Coastal Highway
Ocean City, MD 21842
United States
410-524-3535 Fax: 410-524-3834

Laura Steinberg
Montgomery Co Board Of Ed
850 Hungerford Drive
Room 123
Rockville, MD 20850
United States
BE1001 - Mabe

Page Number : 1
Guest Number: [Redacted] 
Folio ID : A
Arrive Date: 10-03-12
No. Of Guest: 1
Depart Date: 10-05-12
Room Number: 1110
Club Account:
AR Account:

Copy Tax Invoice

Fontainebleau Hotel 10-05-12 11:14 LEILAM

<table>
<thead>
<tr>
<th>Date</th>
<th>Reference</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-03-12</td>
<td>DEPOSIT</td>
<td>Deposit Applied</td>
<td></td>
<td>-151.53</td>
</tr>
<tr>
<td>10-03-12</td>
<td></td>
<td>Room</td>
<td></td>
<td>145.00</td>
</tr>
<tr>
<td>10-03-12</td>
<td></td>
<td>Exch Rate: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>4.5% Occupancy Tax</td>
<td>6.53</td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>Room</td>
<td>145.00</td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>Exch Rate: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-04-12</td>
<td></td>
<td>4.5% Occupancy Tax</td>
<td>6.53</td>
<td></td>
</tr>
<tr>
<td>10-05-12</td>
<td>AX</td>
<td>American Express</td>
<td></td>
<td>-151.53</td>
</tr>
</tbody>
</table>

***For Authorization Purpose Only***
<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-05-12</td>
<td></td>
<td>151.53</td>
</tr>
</tbody>
</table>

** Total 303.06 -303.06

*** Balance -0.00

Signature

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
B.J.'S ON THE WATER
115 75th Street
Ocean City, MD 21842
(410)524-7575

Date: 10/04/2012  Time: 12:31:49 PM

Card Type: American Express
Card Number: XXXXXXXX
Server Name: Jenifer
Check Number: 824518

Card Owner: IKHELO/A/R

AMOUNT: $144.62

TIP: $4.28

TOTAL: $148.89

Approval: 

RETAIL THIS COPY FOR YOUR RECORDS

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUP DU JOUR</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>MD CRAB SOUP</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>House Salad</td>
<td>1</td>
<td>2.00</td>
</tr>
<tr>
<td>Black Russian</td>
<td>1</td>
<td>0.94</td>
</tr>
<tr>
<td>SUB FRIES</td>
<td>1</td>
<td>1.14</td>
</tr>
<tr>
<td>Chop Chop</td>
<td>1</td>
<td>12.50</td>
</tr>
<tr>
<td>SIDE FRIES</td>
<td>1</td>
<td>1.50</td>
</tr>
<tr>
<td>Steak Caesar</td>
<td>1</td>
<td>37.90</td>
</tr>
<tr>
<td>B L T</td>
<td>1</td>
<td>8.41</td>
</tr>
<tr>
<td>Single Crab Cake</td>
<td>1</td>
<td>14.99</td>
</tr>
<tr>
<td>Pork BBQ</td>
<td>1</td>
<td>8.99</td>
</tr>
<tr>
<td>Iced Tea</td>
<td>1</td>
<td>6.87</td>
</tr>
<tr>
<td>Raspberry Tea</td>
<td>1</td>
<td>2.29</td>
</tr>
</tbody>
</table>

3 Pepsi

Subtotal: $135.79
Food Tax: 8.15
Liquor Tax: 0.00
OC Tax2: 0.68
Total Tax: 8.83

TOTAL: $144.62

THANK YOU!

Jenifer

BJ's On The Water
THE Bayfront Dining
### Shopping Cart | Receipt

**Thank you for your order.** You may print this page for your records.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
<th>Discount</th>
<th>Tax</th>
<th>Shipping</th>
<th>Net-Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Conference 2013</td>
<td>1.00</td>
<td>725.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$725.00</td>
</tr>
<tr>
<td>Annual Conference 2013</td>
<td>1.00</td>
<td>725.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$725.00</td>
</tr>
<tr>
<td>Annual Conference 2013</td>
<td>1.00</td>
<td>725.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$725.00</td>
</tr>
</tbody>
</table>
| Council Of Urban Boards of Education Programming:  
  Black Caucus Luncheon,  
  Sunday 4/14, 12:00pm | 1.00     | 65.00  | $0.00    | $0.00  | $0.00    | $65.00    |
| Annual Conference 2013              | 1.00     | 725.00 | $0.00    | $0.00  | $0.00    | $725.00   |

**Customer Name:** Ikheola Roland  
**Email:** roland_ikheola@mcpsmd.org  
**Phone:** (301)279-3617  
**Shipping Label:** Mr. Roland Ikheola  
Chief of Staff  
Montgomery County Board of Education  
850 Hungerford Dr Rm 123  
Rockville, MD 20850-1718

**Billing Name:** Montgomery County Board of Education  
**Contact:** Ikheola Roland  
**Billing Label:** Montgomery County Board of Education  
850 Hungerford Dr Rm 123  
Rockville, MD 20850-1718

- **Net Credit:** $0.00  
- **Payment Amount:** 3,165.00  
- **Payment Method:** American Express  
- **Cardholder's Name:** Roland Ikheola  
- **Credit Card Number:** HIDDEN  
- **Expiration Date:** 2013/10

**Total:** 3,165.00  
**Paid:** 3,165.00  
**Balance:** $0.00
10/17/2012

Confirmation ID #: [redacted]

Dear Ms. King:

We are delighted you will be joining us for NSBA’s 73rd Annual Conference to be held April 13-15, 2013, at the San Diego Convention Center, San Diego, California. The programs you have chosen are listed below.

Registration Details For: Ms. Suzann King
                          Staff Assistant, Policy & Communications
                          Montgomery County Board of Education

<table>
<thead>
<tr>
<th>Qty</th>
<th>Item</th>
<th>Sub-Total</th>
<th>Discount</th>
<th>Paid Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National Affiliate/Technology Leadership Network Early Rate Reg Fee</td>
<td>725.00</td>
<td>0.00</td>
<td>725.00</td>
</tr>
</tbody>
</table>

NSBA conference registration is located in the San Diego Convention Center – Lobby D. All registrants must pick up their registration materials in person.

Registration hours are: Friday, April 12 8:00 a.m. – 6:00 p.m.
                          Saturday, April 13 7:00 a.m. – 5:00 p.m.
                          Sunday, April 14 8:00 a.m. – 4:30 p.m.
                          Monday, April 15 7:30 a.m. – 1:00 p.m.

IF YOU ARE REGISTERED FOR THE COUNCIL OF SCHOOL ATTORNEYS’ SCHOOL LAW SEMINAR, please pick up your badge and seminar materials at the Manchester Grand Hyatt San Diego. Registration begins on Thursday, April 11 at 12 noon. If you are also registered for NSBA’s conference, your conference badge will be available with your seminar materials at the Manchester Grand Hyatt. The School Law Seminar begins on Thursday, April 11 with Early Bird Concurrent Sessions at 2:30 p.m. and will adjourn on Saturday, April 13 at 12:10 p.m.
10/17/2012

Confirmation ID #: [REDACTED]

Dear Mr. Mannes:

We are delighted you will be joining us for NSBA’s 73rd Annual Conference to be held April 13-15, 2013, at the San Diego Convention Center, San Diego, California. The programs you have chosen are listed below.

Registration Details For: Mr. John Mannes, III
Board Member
Montgomery County Board of Education

<table>
<thead>
<tr>
<th>Qty Item</th>
<th>Sub-Total</th>
<th>Discount</th>
<th>Paid Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Affiliate/Technology Leadership Network Early Rate Reg Fee</td>
<td>725.00</td>
<td>0.00</td>
<td>725.00</td>
</tr>
</tbody>
</table>

NSBA conference registration is located in the San Diego Convention Center – Lobby D. All registrants must pick up their registration materials in person.

Registration hours are:
- Friday, April 12: 8:00 a.m. – 6:00 p.m.
- Saturday, April 13: 7:00 a.m. – 5:00 p.m.
- Sunday, April 14: 8:00 a.m. – 4:30 p.m.
- Monday, April 15: 7:30 a.m. – 1:00 p.m.

If you are registered for the Council of School Attorneys’ School Law Seminar, please pick up your badge and seminar materials at the Manchester Grand Hyatt San Diego. Registration begins on Thursday, April 11 at 12 noon. If you are also registered for NSBA’s conference, your conference badge will be available with your seminar materials at the Manchester Grand Hyatt. The School Law Seminar begins on Thursday, April 11 with Early Bird Concurrent Sessions at 2:30 p.m. and will adjourn Saturday, April 13 at 12:10 p.m.
0/17/2012

Confirmation ID #: [REDACTED]

Dear Mr. Ikheo:

We are delighted you will be joining us for NSBA’s 73rd Annual Conference to be held April 13-15, 2013, at the San Diego Convention Center, San Diego, California. The programs you have chosen are listed below.

Registration Details For: Mr. Roland Ikheio
Chief of Staff
Montgomery County Board of Education

<table>
<thead>
<tr>
<th>Qty Item</th>
<th>Sub-Total</th>
<th>Discount</th>
<th>Paid Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Affiliate/Technology Leadership Network Early Rate Reg Fee</td>
<td>725.00</td>
<td>0.00</td>
<td>725.00</td>
</tr>
</tbody>
</table>

NSBA conference registration is located in the San Diego Convention Center – Lobby D. **All registrants must pick up their registration materials in person.**

Registration hours are:
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- Monday, April 15: 7:30 a.m. – 1:00 p.m.

**F YOU ARE REGISTERED FOR THE COUNCIL OF SCHOOL ATTORNEYS’ SCHOOL LAW SEMINAR, please pick up your badge and seminar materials at the Manchester Grand Hyatt San Diego.**

Registration begins on Thursday, April 11 at 12 noon. If you are also registered for NSBA’s conference, your conference badge will be available with your seminar materials at the Manchester Grand Hyatt. The School Law Seminar begins on Thursday, April 11 with Early Bird Concurrent Sessions at 2:30 p.m. and will adjourn Saturday, April 13 at 12:10 p.m.
MEMORANDUM

To: Mrs. Susan Chen, Acting Controller
   Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Ikhide Roland Ikheloa, ID:

Please issue a check in the amount of $107.00 in reimbursement of the attached receipts for business meetings and deposit check.

Please charge the account number indicated.

Mr. Ikhide Roland Ikheloa

Thank you.

IRI:rlg

Attachment

Approved
10/11/2012 - Ikheloa - Dinner meeting with Board member

Sales

Paradise Indian Grill
15124 Frederick Rd
Rockville, MD 20850
ph (301) 762-2440

Guest Check
Thank you for visiting

---

TABLE: Demo User #29 - 1 Guest
Your server was Demo User
10/25/2012 1:09:46 PM - ID #: 0063345

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday Lunch Buffet</td>
<td>(2)</td>
<td>$19.98</td>
</tr>
</tbody>
</table>

Subtotal $19.98
Total Taxes $1.20
Grand Total $21.18
Amount Due: $21.18
---

10/25/2012 - Ikheloa - Lunch meeting with Board member
09/28/2012 - Ikheloa - Lunch meeting with former Board member

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT ASK ABOUT OUR BANQUET ROOM duplicate copy -> customer
## PURCHASING CARD
### Card Member Transaction Log

**Office of the Chief Operating Officer**  
**Department of Materials Management**  
**MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850**

Card member name: Ikhide Roland Ikheoa  
School/office name: Board of Education  
Work location: CESC, Room 123  
For the period: From **November 29, 2012** To **December 28, 2012**  

**USE SEPARATE LOG FOR EACH ACCOUNT**

<table>
<thead>
<tr>
<th>Date Ordered</th>
<th>Date Delivered</th>
<th>Total Amount ($)</th>
<th>Supplier Name</th>
<th>Supplies/Services (required)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13/2012</td>
<td>12/14/2012</td>
<td>$29.00</td>
<td>Thai Pavilion, Rockville Town Center</td>
<td>Lunch Mtg. with Yolanda Pruitt</td>
<td>12/28/2012</td>
<td>11/13</td>
</tr>
</tbody>
</table>

Total $29.00

### CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privileges and/or disciplinary action.

**Signature, Card Member:**  
**Date:** 12/28/2012  
**Signature, Approving Official:**  
**Date:** 2/14/13
## Corporate Purchasing Cardmember Report

**Prepared For:**
ROLAND IKHELOA  
MCPS MDTAX

**Closing Date:** 12/28/12

### Balance

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance $</td>
<td>New Charges $</td>
<td>Other Debts $</td>
<td>Payments $</td>
<td>Other Credits $</td>
<td>Due $</td>
<td>Do Not Pay</td>
</tr>
<tr>
<td>0.00</td>
<td>29.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>29.00</td>
<td>For important information regarding your account, refer to page 2.</td>
</tr>
</tbody>
</table>

For your records only - do not pay.

For assistance or questions about your account, contact us at [www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

### Activity

Data reflects either transaction or posting date

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXX-XXXX</td>
<td>10156420121</td>
<td>29.00</td>
</tr>
</tbody>
</table>

**Total for ROLAND IKHELOA**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Charges/Other Debts</td>
<td>29.00</td>
</tr>
<tr>
<td>Payments/Other Credits</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Do not staple or use paper clips

**Payment Coupon**

ROLAND IKHELOA  
MCPS MDTAX

850 HUNGERFORD RM123  
ROCKVILLE  MD 20850-1718

Please enter account number on all correspondence.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.