Laura Steinberg
MEMORANDUM

To: Mr. Christopher S. Barclay, President
Montgomery County Board of Education

From: Frances Hughes Glendening, Executive Director

Subject: MABE "SPECIAL GIFTS" DRAWINGS

As you know the Maryland Association of Boards of Education (MABE) will hold its 2013 Annual Conference in Ocean City, Maryland, from October 2 - 4, 2013. This Annual Conference brings together more than 200 board members, superintendents/chief executive officers and local staff, and other educational leaders from across the state to discuss the challenges public education is facing.

The purpose of this memorandum is to request your assistance and the help of your superintendent/chief executive officer in acquiring some gifts to serve as door prizes at the Annual Conference. As in past years, we are asking each jurisdiction attending the conference to secure 3 to 6 "special gifts." These gifts will be awarded at various times throughout the conference; i.e., opening luncheon, business meeting, and Friday's breakfast. Gifts can vary in value from $10-$50; for example, dinner for two, commemorative silver dollars, floral arrangements, fruit basket, notepads/stationery, collectibles, etc. Please note that the $50 limit conforms to the Ethics Law and should be taken into account in acquiring gifts from local merchants and others.

All gift donations will be acknowledged in the conference materials. For that reason, the attached gift description form must be completed and returned to the MABE Office on or before SEPTEMBER 6, 2013. Also, a letter of thanks and acknowledgment, for tax purposes, will be provided to businesses and others who provide a "special gift."

Your gifts donations may be dropped off at the registration desk when you sign in at the conference. These "special gifts" are an important part of making the conference a "roaring"success, and your support in acquiring and delivering them is greatly appreciated. If you have any questions, please contact Kathy Bennett at (410) 841-5414.

over
For your information, the 2013 Conference Planning Committee members are: Patricia Nalley (Anne Arundel County), Michael Bowler (Baltimore County), Tracy McGuire (Calvert County), George Abner (Caroline County), Donald Wade (Charles County), Joy Schaefer (Frederick County), Thomas Carr (Garrett County), Alysson Krchnavy (Harford County), Ann De Lacy (Howard County), Carolyn Boston and Amber Waller (Prince George's County), Cathy Allen (St. Mary's County), William Miles (Somerset County), and Karen Harshman and Melissa Williams (Washington County).

Thank you in advance for assisting in this effort. We look forward to seeing you in Ocean City on October 2!

FHG:kwb

Attachment

Copy to:
Dr. Joshua P. Starr, Superintendent of Schools
Thomas A. Carr, Special Gifts Subcommittee
George J. Abner, Special Gifts Subcommittee
William M. Miles, Special Gifts Subcommittee
Conference Planning Committee Members
Kitty Blumsack, Director of Board Development
MEMORANDUM

To: Mrs. Susan Chen, Controller
Division of Controller

From: Ikhide Roland Ikheola, Chief of Staff

Subject: Check Request Payable to Laura Steinberg, ID 

Please issue a check in the amount of $25.00 in reimbursement of the attached receipt for MABE conference and deposit check.

Please charge the account number indicated.

Ms. Laura Steinberg

Thank you.

IRI:rlg

Attachment

Approved
09/20/2013 - AFI Silver Theatre, Silver Spring
Gift card for MABE Conference
**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA; Local Travel.) List all official stops in date order.

**Employee ID No.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
</tr>
</thead>
<tbody>
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<td>1/10</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
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</tr>
<tr>
<td>1/14</td>
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*APPROPRIATE RECEIPTS MUST BE ATTACHED*

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<th>(Total This Page)</th>
<th>$70.00</th>
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</thead>
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</tr>
<tr>
<td>GRAND TOTAL</td>
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**For Accounting Use Only**

- Other: 0
- Date: 2/12/14

**Appended Information**

- Signature, Employee: [Signature]
- Date: 2/12/14
- Signature, Principal/Supervisor: [Signature]
- Date: 2/26/14
- Signature, Account Manager: [Signature]
- Date: 3/4/14

**ACCOUNT NUMBER**

MCPS Form 220-2, Rev. 8/07
<table>
<thead>
<tr>
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<th>IN Time</th>
<th>OUT Time</th>
<th>Fee</th>
<th>CC#</th>
</tr>
</thead>
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</tr>
</tbody>
</table>
### INSTRUCTIONS:
This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

### Employee Information:
- **Name:** Steinberg
- **Last Name:** Steinberg
- **First Name:** Laura
- **Address:** [Redacted]
- **City:** [Redacted]
- **State:** [Redacted]
- **ZIP Code:** [Redacted]
- **Position:** Staff Assistant

### Mileage Log:
<table>
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<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
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</thead>
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<td>Meeting</td>
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<td>Annapolis</td>
<td>Meeting</td>
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</table>

(continue on back)

**Total This Page:** 1,080 miles $124.00

### Signature:
- **Employee:** [Signature]
- **Principal/Supervisor:** [Signature]
- **Account Manager:** [Signature]

**Account Number:** [Redacted]

**Date:** 3/14/14

**Date:** 3/14/14

**Date:** 4/4/14

**MCPS Form 220-2, Rev. 8/07**
Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
820 02/03 13:59 02/03 17:49 $9.00

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
8970 02/05 11:07 02/05 17:13 $15.00

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
313 02/07 11:17 02/07 13:29 $5.00

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
4961 02/10 14:07 02/10 18:08 $11.00

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
7618 02/12 12:34 02/12 16:15 $9.00

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
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Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
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</table>
**Division of Controller**
**MONTGOMERY COUNTY PUBLIC SCHOOLS**
**Rockville, Maryland 20850**

**MONTHLY STATEMENT OF MILEAGE**
**FOR USE OF PRIVATE VEHICLE**

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-FA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Accommodation &amp; Other Expenses*</th>
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</thead>
<tbody>
<tr>
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**Total This Page:** 905 $100.00

**For Accounting Use Only**

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*APPROPRIATE RECEIPTS MUST BE ATTACHED*

**Signature, Employee:**

**Date:** 4/10/14

**Signature, Principal/Supervisor:**

**Date:** 4/14/14

**APPROVED**

**Signature, Account Manager:**

**Date:** 4/17/14

**ACCOUNT NUMBER:** [Redacted]

MCPS Form 220-2, Rev. 8/07
<table>
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<tr>
<th>Tran</th>
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<th>Fee</th>
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</table>
Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

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<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
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<tbody>
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</tr>
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<td>1/15</td>
<td>Annapolis</td>
<td>Meeting</td>
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<td>$13.00 Parking</td>
</tr>
<tr>
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<td>$11.00 Parking</td>
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<tr>
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<td>$5.00 Parking</td>
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<td>$5.00 Parking</td>
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<tr>
<td>1/23</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
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<tr>
<td>1/28</td>
<td>Annapolis</td>
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<td>90</td>
<td>$5.00 Parking</td>
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(continue on back)

Total This Page 1006 $91.50
Total Reverse Page 0 $0.00
GRAND TOTAL 1006 $91.50

*APPROPRIATE RECEIPTS MUST BE ATTACHED

For Accounting Use Only

Signature, Employee
2/11/13
Date

Signature, Principal/Supervisor
2/24/13
Date

ACCOUNT NUMBER

[Signature, Account Manager]
2/22/13
Date

MCPS Form 220-2, Rev. 8/07
Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
2164 01/28 16:49 01/28 18:10 $5.00

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE MD 20850
Rcpt# 5808
01/28/13 13:39 L# 1 A# 2 Txn# 17942
01/28/13 12:21 In 01/28/13 13:39 Out
CASH PAID $ 3.50
THANK YOU
HAVE A SAFE TRIP

Arrow Parking
210 West Baltimore St
Baltimore, MD 21201

Cashier: Cashier 101 Id #...
Transaction Number: 174...
Entered: 01/22/2013 10:35
Exited: 01/22/2013 12:45
Ticket #25148 Dispenser #1
Lot: Lot:
Area: Area: Arrow Baltimore:
Space: Arrow Baltimore:
Parking Fee: $ 12.99
Sales Tax: $ 1.36
Total: $ 14.35
Paid: $ 14.35

Thank You. Please Come Again
Have A Nice Day!
**Division of Controller**
**MONTGOMERY COUNTY PUBLIC SCHOOLS**
**Rockville, Maryland 20850**

**MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE**

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<table>
<thead>
<tr>
<th>Employee ID No.</th>
<th>Base School Location New: ☑ Yes ☑ No Board of Education</th>
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<table>
<thead>
<tr>
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<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steinberg</td>
<td>Laura</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<th>(Street)</th>
<th>(Apt. No.)</th>
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<table>
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<table>
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<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
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</thead>
<tbody>
<tr>
<td>01/30</td>
<td>Annapolis</td>
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**Expressparc Receipt**

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<th>TRAN IN TIME</th>
<th>OUT TIME</th>
<th>FEE</th>
<th>CC#</th>
</tr>
</thead>
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**APPROPRIATE RECEIPTS MUST BE ATTACHED**

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<tr>
<th>Total This Page</th>
<th>No. of Miles Reimbursable</th>
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</thead>
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</table>

For Accounting Use Only

<table>
<thead>
<tr>
<th>Other...</th>
<th>miles</th>
<th>Pay...</th>
</tr>
</thead>
</table>

**Signature, Employee**

**Signature, Principal/Supervisor**

**APPROVED**

**Signature, Account Manager**

**ACCOUNT NUMBER**

**MCPS Form 220-2, Rev. 8/07**
### INSTRUCTIONS:
This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

### Employee Information
- **Employee ID No.:**
- **Name:** Steinberg
  - **(Last):** Laura
- **Base School Location:** New: ☐ Yes ☐ No Board of Education
- **No. Miles to and from Home and Base Location:**
- **Job Title:** Staff Assistant
- **Submitted for Month of:**
- **Use one form for each month**

### Mileage Log
<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
</tr>
</thead>
<tbody>
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<td>90</td>
<td>$9.00 Parking</td>
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<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>2/22</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
</tr>
<tr>
<td>2/26</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>2/27</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>2/28</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$20.00 Parking</td>
</tr>
</tbody>
</table>

(continue on back)

**Total This Page:** 720 miles $83.50
**Total Reverse Page:** 0 miles $0.00
**GRAND TOTAL:** 720 miles $83.50

**For Accounting Use Only**
- **Other:** miles 0
- **Pay:**

---

**Signature, Employee:**
- [Signature]
- **Date:** 3/1/13

**Signature, Principal/Supervisor:**
- [Signature]
- **Date:** 3/8/13

**APPROVED:**
- [Signature, Account Manager]
- **Date:** 3/1/17

**ACCOUNT NUMBER:**
- [Redacted]

---

MCPS Form 220-2, Rev. 8/07
## INSTRUCTIONS:
This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
</tr>
<tr>
<td>3/4</td>
<td>Rockville</td>
<td>Meeting</td>
<td>90</td>
<td>$10.00 Parking</td>
</tr>
<tr>
<td>3/7</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>3/8</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$11.00 Parking</td>
</tr>
<tr>
<td>3/11</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
</tr>
<tr>
<td>3/13</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$13.00 Parking</td>
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<tr>
<td>3/14</td>
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<td>Meeting</td>
<td>90</td>
<td>$13.00 Parking</td>
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<tr>
<td>3/15</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$9.00 Parking</td>
</tr>
<tr>
<td>3/19</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>3/20</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>3/22</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
</tr>
<tr>
<td>3/27</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$11.00 Parking</td>
</tr>
<tr>
<td>3/29</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
</tr>
</tbody>
</table>

(continue on back)

**Total This Page**

Total This Page

1,080

$132.00

For Accounting Use Only

Total Reverse Page

0

$0.00

GRAND TOTAL

1,080

$132.00

*APPROPRIATE RECEIPTS MUST BE ATTACHED*

**ACCOUNT NUMBER**

**APPROVED**

Signature, Account Manager

**Date**

Signature, Principal/Supervisor

**Date**

Signature, Employee

**Date**

MCPS Form 220-2, Rev. 8/07
INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MOPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>4/3</td>
<td>Rockville</td>
<td>Meeting</td>
<td>90</td>
<td>$5.00 Parking</td>
</tr>
<tr>
<td>4/4</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>4/5</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$13.00 Parking</td>
</tr>
<tr>
<td>4/6</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$15.00 Parking</td>
</tr>
<tr>
<td>4/8</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$13.00 Parking</td>
</tr>
<tr>
<td>4/8</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>4/22</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

(continue on back)

Total This Page: 720, Total Reverse Page: 0, GRAND TOTAL: 720

*APPROPRIATE RECEIPTS MUST BE ATTACHED

For Accounting Use Only: Total $76.00

Signature, Employee: [Signature]
Date: [Date]

Signature, Principal/Supervisor: [Signature]
Date: [Date]

Signature, Account Manager: [Signature]
Date: [Date]
Expressparc Receipt

030-252

TRAN IN TIME OUT TIME FEE CC#
0692 04/02 10:31 04/02 16:49 $15.00

Expressparc Receipt

030-751

TRAN IN TIME OUT TIME FEE CC#
4219 04/05 11:11 04/05 17:01 $13.00

Expressparc Receipt

030-438

TRAN IN TIME OUT TIME FEE CC#
1945 04/03 15:20 04/03 17:30 $5.00

Expressparc Receipt

031-283

TRAN IN TIME OUT TIME FEE CC#
9255 04/08 16:36 04/08 21:42 $13.00

Expressparc Receipt

030-585

TRAN IN TIME OUT TIME FEE CC#
3093 04/04 10:13 04/04 18:37 $15.00

Expressparc Receipt

030-885

TRAN IN TIME OUT TIME FEE CC#
5724 04/06 10:23 04/06 16:29 $15.00
MEMORANDUM

To:        Mrs. Susan Chen, Controller
           Division of Controller

From:     Ikhide Roland Ikheola, Chief of Staff

Subject:  Check Request Payable to Laura Steinberg, ID #00[redacted]

Please issue a check in the amount of $74.48 in reimbursement of the attached receipts for replacement ink cartridges and deposit check.

Please charge the account number indicated.

Ms. Laura Steinberg.............................................[redacted]

Thank you.

IRI:rlg

Attachment

Approved

[Signature]
CVS/pharmacy

110 CARROL AVE, WASHINGTON, DC
PHARMACY: 722-7593 STORE: 722-7592

08 TRN#9644 CSR#0000093 STR#23

ExtraCare Card #: ***********

1 HP 57 INK CART EACH 48.49T

  SUBTOTAL                     48.49
  DC 6.0% TAX                  2.91
  TOTAL                        51.40
  MASTERCARD                   MS
  CHANGE                       .00

2502 3303 0539 6440 81
RETURNS WITH RECEIPT THRU 04/23/2013

FEBRUARY 22, 2013 3:21 PM

Earn 2% back on almost everything in the store and on CVS.com when you use your ExtraCare card.

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/08

Winter 2013 Spending: 25

It’s not too late! Get your flu shot and receive a 20% off shopping pass!* Available every day. No appointment needed. Many insurance plans accepted. *Restrictions apply. Shopping pass cannot be distributed in AR, NJ or NY

CVS/pharmacy offers you and your family FREE Health Screenings! Get your Glucose and Cholesterol checked for free! Every Thurs, Fri, and Sat. in March 2-6pm. Select stores. Details at CVS.com/projecthealth or call 1-855-287-7867.

-----------------------------------------------------------------------------
From: Office Depot Store Receipt storereceipt@OfficeDepot.com
Subject: Office Depot Store Receipt
Date: February 22, 2013, 4:21 PM
To: Evan Gay evan@eggoc.com

Office DEPOT

OFFICE DEPOT STORE #2245
8501 S GEORGIA AVENUE
SILVER SPRING MD 20910
(301) 585 - 4161

Date: 02/22/2013 4:06 PM
Version: 13.1
Store: 2245
Register: 1
Transaction #: [blank]
Employee #: 597772

SALE

<table>
<thead>
<tr>
<th>Product ID</th>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>419672</td>
<td>CRTG, INK, HP#56, BLK</td>
<td>25.99 S</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subtotal:</td>
<td>25.99</td>
</tr>
<tr>
<td></td>
<td>Sales Tax:</td>
<td>1.56</td>
</tr>
<tr>
<td></td>
<td>Total:</td>
<td>27.55</td>
</tr>
<tr>
<td></td>
<td>MasterCard 1953:</td>
<td></td>
</tr>
</tbody>
</table>

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Participate in our online customer survey and receive a coupon for $10 off your next qualifying purchase of $50 or more on office supplies, furniture and more.

(Excludes Technology. Limit 1 coupon per household/business.)
Visit www.officedepot.com/feedback and enter the survey code below.

Survey Code: 13PP ZM1G Z8JT
Card member name: Laura Steinberg
School/office name: Board of Education
Work location: CESC, Room 123
For the period: From July 29, 2013 To August 28, 2013

<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>08/07/2013</td>
<td>08/07/2013</td>
<td>$176.41</td>
<td>The Chateau Deer Valley, Utah</td>
<td>Lodging while attending BoardDocs</td>
<td>08/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conference - One night Deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(09/03/2013 - 09/05/2013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/06/2013</td>
<td>08/07/2013</td>
<td>$18.00</td>
<td>United Airlines (No receipt)</td>
<td>Special Service, Bulkhead Luggage</td>
<td>08/28/2013</td>
<td></td>
</tr>
<tr>
<td>08/06/2013</td>
<td>08/07/2013</td>
<td>$249.60</td>
<td>United Airlines, online</td>
<td>Flight to and from Utah to attend</td>
<td>08/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BoardDocs Conference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $444.01

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.

Laura Steinberg
Signature, Card Member

9/25/13
Date

[Signature, Approving Official]

10/16/13
Date
# Corporate Purchasing Cardmember Report

- **Prepared For:** LAURA STEINBERG-0S  
  MCPS MDTAX  

<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>0.00</td>
<td>444.01</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>444.01</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

**Data reflects either transaction or posting date**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07/13</td>
<td>THE CHATEAUX AT SIL PARK CITY LODGING</td>
<td>96682100700</td>
<td>176.41</td>
</tr>
<tr>
<td>08/07/13</td>
<td>UNITED AIRLINES TKT# AIRLINE/AIR C</td>
<td>21668410000</td>
<td>18.00</td>
</tr>
</tbody>
</table>

Do not staple or use paper clips.

**Payment Coupon**

LAURA STEINBERG-0S  
MCPS MDTAX  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.
<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
<th>Reference Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07/13</td>
<td>UNITED AIRLINES, HOUSTON, TX, SPECIAL SERVICE TICKET, 08/06/13, STEINBERG/LAURAMS, UNITED AIRLINES, FROM CINCINNATI OH TO DENVER CO, CARRIER CLASS, TO SALT LAKE CITY UT, UA 00, TO DENVER CO, UA 00, TO CINCINNATI OH, UA 00</td>
<td>21891572000</td>
<td>249.60</td>
</tr>
<tr>
<td></td>
<td>Total for LAURA STEINBERG-0S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Charges/Other Debits, Payments/Other Credits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>444.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>
The Chateaux Deer Valley
7815 Royal St., PO Box 4650
Park City, UT 84060
Ph: 435-658-9510 Fax: 435-658-9513
www.the-chateaux.com

Reservation Number 262772

Send to  Laura Steinberg
850 Hungerford Drive
Rockville, MD 20850

Phone  301-279-3617

Guest Name  Laura Steinberg

<table>
<thead>
<tr>
<th>Arrival Date</th>
<th>Departure Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/2013</td>
<td>9/6/2013</td>
</tr>
</tbody>
</table>

Group  Emerald Data Solutions

Room Information  a340h - Hotel Room W/King

Bill To  Steinberg, Laura
850 Hungerford Drive
Rockville, MD 20850

Phone  301-279-3617

Folio Number:  

<table>
<thead>
<tr>
<th>Trans Date</th>
<th>Description</th>
<th>Voucher</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/2013</td>
<td>Room Charge Group</td>
<td>CHX-A340H</td>
<td>159.00</td>
</tr>
<tr>
<td>9/3/2013</td>
<td>Room Tax</td>
<td>CHX-A340H</td>
<td>17.41</td>
</tr>
<tr>
<td>9/4/2013</td>
<td>Room Charge Group</td>
<td>CHX-A340H</td>
<td>159.00</td>
</tr>
<tr>
<td>9/4/2013</td>
<td>Room Tax</td>
<td>CHX-A340H</td>
<td>17.41</td>
</tr>
<tr>
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<td>Room Charge Group</td>
<td>CHX-A340H</td>
<td>159.00</td>
</tr>
<tr>
<td>9/5/2013</td>
<td>Room Tax</td>
<td>CHX-A340H</td>
<td>17.41</td>
</tr>
</tbody>
</table>

Total Charges  529.23

Payments

<table>
<thead>
<tr>
<th>Trans Date</th>
<th>Description</th>
<th>Voucher</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/6/2013</td>
<td>American Express</td>
<td></td>
<td>-176.41</td>
</tr>
<tr>
<td>9/6/2013</td>
<td>American Express</td>
<td></td>
<td>-352.82</td>
</tr>
</tbody>
</table>

Total Payments -529.23

Balance Due:  0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the advent that the person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure. Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Guest Signature:  

________________________________________________________________________
From: United Airlines, Inc. [mailto:unitedairlines@united.com]  
Sent: Tuesday, August 06, 2013 1:42 PM  
To: Steinberg, Laura  
Subject: eTicket Itinerary and Receipt for Confirmation

---

United Airlines
A STAR ALLIANCE MEMBER

Issue Date: August 06, 2013

<table>
<thead>
<tr>
<th>Traveler</th>
<th>eTicket Number</th>
<th>Frequent Flyer</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEINBERG/LAURAMS</td>
<td></td>
<td></td>
<td>6A/3C/15A</td>
</tr>
</tbody>
</table>

**FLIGHT INFORMATION**

Day, Date   Flight   Class   Departure City and Time   Arrival City and Time   Aircraft Meal
---          ---       ---                  ---------------          ---------------------      ------
Tue, 03SEP13 UA3639G  CINCINNATI, OH (CVG) 4:51 PM  DENVER, CO (DEN) 5:54 PM  CRJ-700  
      Flight operated by GOJET AIRLINES doing business as UNITED EXPRESS.

Tue, 03SEP13 UA5483G  DENVER, CO (DEN) 7:10 PM  SALT LAKE CITY, UT (SLC) 8:40 PM  CRJ-200  
      Flight operated by SKYWEST AIRLINES doing business as UNITED EXPRESS.

Fri, 06SEP13 UA4271G  SALT LAKE CITY, UT (SLC) 5:23 PM  DENVER, CO (DEN) 6:50 PM  ERJ-145  
      Flight operated by EXPRESSJET AIRLINES INC doing business as UNITED EXPRESS.

Fri, 06SEP13 UA4279G  DENVER, CO (DEN) 7:26 PM  CINCINNATI, OH (CVG) 12:06 AM (07SEP)  ERJ-145Purchase  
      Flight operated by EXPRESSJET AIRLINES INC doing business as UNITED EXPRESS.

**FARE INFORMATION**

Fare Breakdown
- Airfare: 191.63USD
- U.S. Federal Transportation Tax: 14.37
- U.S. Flight Segment Tax: 15.60
- September 11th Security Fee: 10.00
- U.S. Passenger Facility Charge: 18.00
- Per Person Total: 249.60USD

eTicket Total: 249.60USD

The airfare you paid on this itinerary totals: 191.63 USD

Confirmation: [Redacted]
Check-In >
**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: Laura Steinberg  
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)</th>
<th>Statement Date</th>
<th>Account (03, 05, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/03/2013</td>
<td>09/07/2013</td>
<td>$140.20</td>
<td>Enterprise Rent A Car, Utah</td>
<td>Rental while attending BoardDocs</td>
<td>09/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conference, Salt Lake City, Utah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/03/2013</td>
<td>09/07/2013</td>
<td>$352.82</td>
<td>The Chateaux Deer Valley, Utah</td>
<td>Lodging while attending BoardDocs</td>
<td>09/28/2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conference, Salt Lake City, Utah</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Balance after deposit of $176.41)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(09/03/2013 - 09/05/2013)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $493.02

---

**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: [Signature]  
Date: 10/1/2013

**Signature, Approving Official**

Signature: [Signature]  
Date: 11/6/2013
### 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>LAURA STEINBERG-0S</td>
<td></td>
<td>09/28/13</td>
<td></td>
</tr>
<tr>
<td>MCPS MDTax</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>444.01</td>
<td>493.02</td>
<td>0.00</td>
<td>444.01</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Balance Due $</th>
<th>Do Not Pay</th>
<th>For important information regarding your account refer to page 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>493.02</td>
<td></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-XXXX-XXXX-XXXX</th>
<th>Reference Code</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/13 CORPORATE REMITTANCE RECEIVED</td>
<td>09/05</td>
<td>-444.01</td>
</tr>
<tr>
<td>09/07/13 ENTERPRISE RENT A CAR SALT LAKE CITY UT</td>
<td></td>
<td>140.20</td>
</tr>
<tr>
<td>R/A#</td>
<td>AUTOMOBILE RE 09/06/13 ENTERPRISE RENT A CAR</td>
<td></td>
</tr>
<tr>
<td>LOCATION DATE/TIME</td>
<td>RENTAL AGREEMENT</td>
<td></td>
</tr>
<tr>
<td>SALT LAKE CITY</td>
<td>UT 09/03/13</td>
<td></td>
</tr>
<tr>
<td>203400</td>
<td>RETURN TR#</td>
<td></td>
</tr>
<tr>
<td>SALT LAKE CITY</td>
<td>UT 09/06/13</td>
<td></td>
</tr>
<tr>
<td>STEINBERG L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/07/13 THE CHATEAUX AT SILV PARK CITY UT</td>
<td></td>
<td>352.82</td>
</tr>
<tr>
<td>FOL# 00259915</td>
<td>LODGING 09/06/13</td>
<td></td>
</tr>
<tr>
<td>ARRIVAL DATE DEPARTURE DATE 09/03/13 09/06/13 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROOM RATE</td>
<td>$159.00</td>
<td></td>
</tr>
<tr>
<td>ROC NUMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total for LAURA STEINBERG-0S

<table>
<thead>
<tr>
<th>New Charges/Other Debits</th>
<th>Payments/Other Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>493.02</td>
<td>-444.01</td>
</tr>
</tbody>
</table>

Do not staple or use paper clips

Payment Coupon

LAURA STEINBERG-0S
MCPS MDTax
850 HUNGERFORD RM123
ROCKVILLE MD 20850

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

[ ]
A few lines of text are not legible due to the image quality.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Intl Apt</td>
<td>USD 140.20</td>
</tr>
<tr>
<td>03-SEP-2013 08:40 PM</td>
<td></td>
</tr>
<tr>
<td>E, ENTERPRISE</td>
<td></td>
</tr>
<tr>
<td>RA</td>
<td></td>
</tr>
<tr>
<td>I161555303</td>
<td></td>
</tr>
<tr>
<td>03-SEP-2013 03:57 PM</td>
<td></td>
</tr>
<tr>
<td>INBERG</td>
<td></td>
</tr>
<tr>
<td>DUS32450</td>
<td></td>
</tr>
<tr>
<td>Accent</td>
<td></td>
</tr>
<tr>
<td>hen CCAR Class Charged ECAR</td>
<td></td>
</tr>
<tr>
<td>Y0762H, State/Province UT</td>
<td></td>
</tr>
<tr>
<td>217</td>
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<td>26350</td>
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<td>Day Unit Price Amount</td>
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</tr>
<tr>
<td>3 Days</td>
<td>31.71</td>
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<tr>
<td>21.49</td>
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<tr>
<td>0 Miles</td>
<td>0.00</td>
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<tr>
<td>Commission Recovery Fee</td>
<td>9.70</td>
</tr>
<tr>
<td>County Tourism Tax</td>
<td>7.53</td>
</tr>
<tr>
<td>Motor Veh Rental Tax</td>
<td>2.69</td>
</tr>
<tr>
<td>CPE</td>
<td>15.00</td>
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<tr>
<td>VLF Recovery</td>
<td>2.70</td>
</tr>
<tr>
<td>Sales Tax 06,850 X</td>
<td>7.37</td>
</tr>
<tr>
<td>Charges</td>
<td>USD 140.20</td>
</tr>
</tbody>
</table>

- AMEX
- USD 140.20

- 6 Items to Audit
- Direct Credit to $
The Chateaux Deer Valley
7815 Royal St., PO Box 4650
Park City, UT 84060
Ph: 435-658-9510 Fax: 435-658-9513
www.the-chateaux.com

Reservation Number 262772

Send to  Laura Steinberg
         850 Hungerford Drive
         Rockville, MD 20850

Phone 301-279-3617

Guest Name  Laura Steinberg

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Voucher</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerald Data Solutions</td>
<td>9/3/2013 Room Charge Group</td>
<td>CHX-A340H</td>
<td>159.00</td>
</tr>
<tr>
<td></td>
<td>9/3/2013 Room Tax</td>
<td>CHX-A340H</td>
<td>17.41</td>
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<tr>
<td></td>
<td>9/4/2013 Room Charge Group</td>
<td>CHX-A340H</td>
<td>159.00</td>
</tr>
<tr>
<td></td>
<td>9/4/2013 Room Tax</td>
<td>CHX-A340H</td>
<td>17.41</td>
</tr>
<tr>
<td></td>
<td>9/5/2013 Room Charge Group</td>
<td>CHX-A340H</td>
<td>159.00</td>
</tr>
<tr>
<td></td>
<td>9/5/2013 Room Tax</td>
<td>CHX-A340H</td>
<td>17.41</td>
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<table>
<thead>
<tr>
<th>Payments</th>
<th>Voucher</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/6/2013 American Express</td>
<td>#91623051</td>
<td>-176.41</td>
</tr>
<tr>
<td>9/5/2013 American Express</td>
<td>#267720502</td>
<td>-352.82</td>
</tr>
</tbody>
</table>

Total Payments: -529.23

Balance Due: 0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the advent that the person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure. Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Guest Signature: ________________________________
**Division of Controller**  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE**

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Employee ID No.</th>
<th>Base School Location</th>
<th>New: □ Yes □ No</th>
<th>Board of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Steinberg</td>
<td>Laura</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>(Street No.)</th>
<th>(Street)</th>
<th>(Apt. No.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>City</th>
<th>(State)</th>
<th>(ZIP Code)</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MD</td>
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</tr>
</tbody>
</table>

**No. Miles to and from Home and Base Location:**

**Job Title:**

Staff Assistant

**Submitted for Month of:**

<table>
<thead>
<tr>
<th>Use one form for each month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Date** | **Destination** | **Purpose of Trip** | **No. of Miles Reimbursable** | **Parking, Tolls, Public Transportation** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1</td>
<td>Rockville</td>
<td>Meeting</td>
<td>5</td>
<td>$7.00</td>
</tr>
<tr>
<td>10/2</td>
<td>Ocean City</td>
<td>Conference</td>
<td>360</td>
<td></td>
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<tr>
<td>10/21</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

(continue on back)

**Total This Page** | 455 | $7.00

**Total Reverse Page** | 0 | $0.00

**GRAND TOTAL** | 455 | $7.00

**For Accounting Use Only**

- miles 0.00
- Other: 0.00
- Pay: 0.00

**Signature, Employed:** Laura [Signature]

**Date:** 11/29/13

**Signature, Principal/Supervisor:** [Signature]

**Date:** 5/4/13

**Signature, Account Manager:** [Signature]

**Date:** 7/3/17

**Account Number:** [Redacted]

MCPS Form 220-2, Rev. 8/07
WELCOME TO
ROCKVILLE TOWN SQUARE

PLEASE KEEP THIS TICKET
WITH YOU

Entered:
2019/10/01 08:46

Ticket#:1734894043
Dur:5:28:04
Paid On:
2019/10/01 14:15

Paid:$  7.00
Original Fee:$  7.00
Change:$   0.00
VISA
SC:$    0.00

---------
VISA

Seq#  799266

Purchase 12/18/01 14:28:28
Auth#
# Monthly Statement of Mileage

**For Use of Private Vehicle**

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Employee ID No.</th>
<th>Base School Location</th>
<th>New: □ Yes □ No Board of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>No. Miles to and from Home and Base Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steinberg</td>
<td>Laura</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>(Street No.)</th>
<th>(Street)</th>
<th>(Apt. No.)</th>
<th>Job Title</th>
<th>Staff Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(City)</th>
<th>(State), (ZIP Code)</th>
<th>Submitted for Month of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Use one form for each month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/9/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$9.00 Parking</td>
</tr>
<tr>
<td>1/12/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$6.00 Parking</td>
</tr>
<tr>
<td>1/17/12</td>
<td>Rockville</td>
<td>Meeting</td>
<td>5</td>
<td>$3.50 Parking</td>
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<tr>
<td>1/19/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$12.00 Parking</td>
</tr>
<tr>
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<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$9.00 Parking</td>
</tr>
<tr>
<td>1/23/12</td>
<td>Rockville</td>
<td>Meeting</td>
<td>5</td>
<td>$1.00 Parking</td>
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<tr>
<td>1/24/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$10.50 Parking</td>
</tr>
<tr>
<td>1/25/12</td>
<td>Annapolis</td>
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<td>90</td>
<td>$16.00 Parking</td>
</tr>
<tr>
<td>1/26/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$9.00 Parking</td>
</tr>
<tr>
<td>1/30/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$9.00 Parking</td>
</tr>
<tr>
<td>1/31/12</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$10.50 Parking</td>
</tr>
</tbody>
</table>

(continue on back)

**For Accounting Use Only**

*APPROPRIATE RECEIPTS MUST BE ATTACHED*

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature, Employee</th>
<th>Signature, Principal/Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature, Account Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total This Page:** 820 miles $95.50

**Total Reverse Page:** 0 miles $0.00

**Grand Total:** 820 miles $95.50

**Approved:** 2/17/12

**Signature, Employee:**

**Signature, Principal/Supervisor:** 2/18/12

**Account Number:**

**Signature, Account Manager:** 2/29/12

MCPS Form 220-2, Rev. 8/07
Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 486636
Entered: 01/12/2012 13:03
Exited: 01/12/2012 15:19
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 6.00
Total Fee: $ 6.00
Cash: $ 6.00
Total Paid: $ 6.00

Have a great day!

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850
Receipt 29
01/17/12 13:46 L# 1 A# 3 Txn# 212
01/17/12 11:11 In 01/17/12 13:46 Out
CASH PAID $ 3.50-
THANK YOU
HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 490944
Entered: 01/20/2012 10:12
Exited: 01/19/2012 17:18
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 12.00
Total Fee: $ 12.00
Cash: $ 12.00
Total Paid: $ 12.00

Have a great day!
Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #106
Transaction Number: 493598
Entered: 01/24/2012 10:32
Exited: 01/24/2012 17:30
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $10.50
Total Fee: $10.50
Cash: $10.50
Total Paid: $10.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 495386
Entered: 01/25/2012 10:08
Exited: 01/26/2012 15:59
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $9.00
Total Fee: $9.00
Cash: $9.00
Total Paid: $9.00

Have a great day!
Gotts Court Parking Garage
(410)263-9749

Duplicate

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 497819
 Entered: 01/30/2012 14:18
Exited: 01/30/2012 19:26
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $9.00
Total Fee: $9.00
Cash: $9.00
Total Paid: $9.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #106
Transaction Number: 498671
Entered: 01/31/2012 10:48
Exited: 01/31/2012 17:06
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $10.50
Total Fee: $10.50
Cash: $10.50
Total Paid: $10.50

Have a great day!
MEMORANDUM

To: Mr. Robert Doody, Controller
    Division of Controller

From: Ikhide Roland Ikheola, Chief of Staff

Subject: Check Request Payable to Laura Steinberg, ID # [redacted]

Please issue a check in the amount of $58.27 in reimbursement of the attached receipt for a business luncheon meeting and deposit check.

Please charge the account number indicated.

Ms. Laura Steinberg [redacted]

Thank you.

IRI:rlg

Attachment

Approved
WHOLE FOODS MARKET

Just Juice Loyalty Card:
5 Juices At $25 Or 10 Juices At $49.99

BUFFALO CHIX WRAP 5.99 B
OBL HONEY TKY WRAP 5.99 B
TRKY & SWSS WRAP 5.99 B
SW TURKEY WRAP 5.99 B
CHEF’S FEATURE 3.99 F
TAILGATE COLESLAW 4.59 F
CUSTOM SANDWICH 5.49 B
WRAP, BEEF & BOIRES 5.49 H
WRAP, YELLOWFIN TUNA 11.96 B
MP BAG REFUND .05-F
ITEM = 999913

**** TAX 2.82 BAL 58.27
MP BAG REFUND .05-F
ITEM = 999913

**** TAX 2.82 BAL 58.22
VF Visa 58.22
Acct
Merchant # 67
Seq # 1135
Authorization #
CHANGE .00

1/25/12 10:06 AM 0067 11 0030 1955

Your cashier today is PATRICIA

Thank You For Shopping at Whole Foods Market, Annapolis (410) 573-1800
# Monthly Statement of Mileage

**Division of Controller**
**Montgomery County Public Schools**
Rockville, Maryland 20850

**Instructions:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Employee ID No.</th>
<th>Base School Location</th>
<th>New: □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Board of Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steinberg</td>
<td>Laura</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>(Street No.)</th>
<th>(Street)</th>
<th>(Apt. No.)</th>
</tr>
</thead>
<tbody>
<tr>
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<th>(State)</th>
<th>(ZIP Code)</th>
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</table>

Submitted for Month of:  
Job Title: Staff Assistant  
Use one form for each month

<table>
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<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
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(continue on back)

**APPROPRIATE RECEIPTS MUST BE ATTACHED**

Total This Page: 1,092  
Total Reverse Page: 0  
GRAND TOTAL: 1,092

For Accounting Use Only

Other:  
Pay:  

Date: 3/12/12

Signature, Employee: ...

Signature, Principal/Supervisor: ...

Date: 3/19/12

Signature, Account Manager: ...

Date: 3/12/12

ACCOUNT NUMBER: [Redacted]

MCPS Form 220-2, Rev. 8/07
Gotts Court Parking Garage
(410)253-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 500210
Entered: 02/06/2012 09:54
Exited: 02/06/2012 13:27
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 6.00
Total Fee: $ 6.00
Cash: $ 6.00
Total Paid: $ 6.00

Have a great day!

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850
Rcpt# 684
02/06/12 13:45 LH 1 All 2 Txn# 4297
02/06/12 12:24 In 02/06/12 13:45 Out
TkT# 087084
CASH PAID $ 1.00-
THANK YOU
HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)253-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 502507
Entered: 02/06/2012 16:50
Exited: 02/06/2012 18:47
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 3.00
Total Fee: $ 3.00
Cash: $ 3.00
Total Paid: $ 3.00

Have a great day!
Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 504725
Entered: 02/09/2012 09:19
Exited: 02/09/2012 10:15
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 10.50
Total Fee: $ 10.50
Cash: $ 10.50
Total Paid: $ 10.50

Have a great day!

Gott's Court Parking Facility
Northwest & Calvert Streets
Annapolis, Maryland 21401
(410) 263-9749

Parking Receipt

Date 2/10/15
Amount Paid 10.50

THANK YOU
Cashier's Signature

---

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 507287
Entered: 02/13/2012 16:43
Exited: 02/13/2012 18:39
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 3.00
Total Fee: $ 3.00
Cash: $ 3.00
Total Paid: $ 3.00

Have a great day!

---

GARAGE 59 DOB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850
Rcpt # 983
02/13/12 12:47 In 02/13/12 13:47 Out
Trk# 088792
Cash Paid $ 1.00
THANK YOU
HAVE A SAFE TRIP
Gotts Court Parking Garage
(410)263-9749

Duplicate

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 508727
Entered: 02/15/2012 10:59
Exited: 02/15/2012 15:51
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 7.50
Total Fee: $ 7.50
Cash: $ 7.50
Total Paid: $ 7.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 509699
Entered: 02/16/2012 15:44
Exited: 02/16/2012 18:12
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 4.50
Total Fee: $ 4.50
Cash: $ 4.50
Total Paid: $ 4.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 510362
Entered: 02/17/2012 09:47
Exited: 02/17/2012 14:41
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 7.50
Total Fee: $ 7.50
Cash: $ 7.50
Total Paid: $ 7.50

Have a great day!

PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 24020448
IN: 2/22/2012 12:12:00 PM
OUT: 2/22/2012 5:58:20 PM
FEE: $12.00
TOTAL: $12.00
TENDERED: $12.00
CHANGE: $0.00
Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 515060
Entered: 02/24/2012 09:22
Exited: 02/24/2012 14:52
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 9.00
Total Fee: $ 9.00
Cash: $ 9.00
Total Paid: $ 9.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 518486
Entered: 02/29/2012 10:53
Exited: 02/29/2012 17:40
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 10.50
Total Fee: $ 10.50
Cash: $ 10.50
Total Paid: $ 10.50

Have a great day!

PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 24023067
IN: 02/28/2012 12:38:00 PM
OUT: 02/28/2012 6:58:43 PM
FEES: $14.00
TOTAL: $14.00
TENDERED: $14.00
CHANGE: $0.00
**Division of Controller**  
**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
Rockville, Maryland 20850

**MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE**

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
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</thead>
<tbody>
<tr>
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*(APPROPRIATE RECEIPTS MUST BE ATTACHED)*

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**Signature, Employee**  
4/15/12  
**Signature, Principal/Supervisor**  
4/16/12  
**Signature, Account Manager**  
4/18/12

**ACCOUNT NUMBER:**  
0.0000.0000.00

MCPS Form 220-2, Rev. 8/07
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<th>Item</th>
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Please transfer these totals to Front Side

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PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 24023728
IN: 3/1/2012 11:17:00 AM
OUT: 3/1/2012 6:22:52 PM
FEE: $16.00
TOTAL: $16.00
TENDERED: $20.00
CHANGE: $4.00

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #101
Transaction Number: 519491
Entered: 03/02/2012 09:33
Exited: 03/02/2012 13:45
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 7.50
Total Fee: $ 7.50
Cash: $ 8.00
Total Paid: $ 8.00
Change Due $ 0.50

Have a great day!

__________________________

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 521845
Entered: 03/06/2012 10:02
Exited: 03/06/2012 18:13
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 12.00
Total Fee: $ 12.00
Cash: $ 12.00
Total Paid: $ 12.00

Have a great day!

__________________________

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 523152
Entered: 03/08/2012 10:28
Exited: 03/08/2012 17:18
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $ 10.50
Total Fee: $ 10.50
Cash: $ 11.00
Total Paid: $ 11.00
Change Due $ 0.50

Have a great day!
### Gotts Court Parking Garage

#### Fee Computer Number:
1

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<td>Area: Gotts Main</td>
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<tr>
<td>Rate: Gotts Garage Var.</td>
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<tr>
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<td>Cash: $7.50</td>
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### Gotts Court Parking Garage

#### Fee Computer Number:
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<td>Area: Gotts Main</td>
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<tr>
<td>Rate: Gotts Garage Var.</td>
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<tr>
<td>Parking Fee: $9.00</td>
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<tr>
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<td>Cash: $9.00</td>
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### Gotts Court Parking Garage

#### Fee Computer Number:
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<tr>
<td>Lot: Lot 1</td>
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<tr>
<td>Area: Gotts Main</td>
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<tr>
<td>Rate: Gotts Garage Var.</td>
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<tr>
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<tr>
<td>Total Fee: $7.50</td>
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<tr>
<td>Cash: $7.50</td>
</tr>
<tr>
<td>Total Paid: $7.50</td>
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### Gotts Court Parking Garage

**Thank you!**

Please drive safely.

---

### TOWNE PARK

**Ticket #: 24034742**

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<tr>
<td>FEE: $4.00</td>
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</tr>
<tr>
<td>CHANGE: $0.00</td>
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<tr>
<td>Date</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>4/2</td>
</tr>
<tr>
<td>4/3</td>
</tr>
<tr>
<td>4/4</td>
</tr>
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(continue on back)

<table>
<thead>
<tr>
<th>Total This Page</th>
<th>724</th>
<th>$46.75</th>
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</thead>
</table>

*APPROPRIATE RECEIPTS MUST BE ATTACHED

Signature, Employee: [Signature]

Date: 4/30/18

Signature, Principal/Supervisor: [Signature]

Date: 5/16/12

Signature, Account Manager: [Signature]

Date: 5/17/12

ACCOUNT NUMBER: [Number]

MCPS Form 220-2, Rev. 8/07
Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 540075
Entered: 04/05/2012 17:37
Exited: 04/05/2012 17:37
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $4.00
Total Fee: $10.50
Cash: $10.50
Total Paid: $10.50
Have a great day!

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 540491
Entered: 04/06/2012 09:41
Exited: 04/06/2012 13:07
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $4.00
Total Fee: $6.00
Cash: $4.00
Total Paid: $10.00
Change Due $ 4.00
Have a great day!

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 542498
Entered: 04/09/2012 14:24
Exited: 04/09/2012 19:47
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $9.00
Total Fee: $9.00
Cash: $9.00
Total Paid: $9.00
Have a great day!

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 542622
Entered: 04/10/2012 00:31
Exited: 04/10/2012 00:31
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $6.00
Total Fee: $3.00
Cash: $3.00
Total Paid: $3.00
Have a great day!

Have a great day!
Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 544537
Entered: 04/13/2012 14:25
Exited: 04/13/2012 17:39
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: $6.00
Total Fee: $6.00
Cash: $6.00
Total Paid: $6.00

Have a great day!

GARAGE 59 008
100 MARYLAND AVENUE
ROCKVILLE, MD 20850

04/30/12 15:10  Lj 1 At: 2  Txn# 23114
04/30/12 13:23  In  04/30/12 15:10  Out
Tkt# 057627
CASH PAID $3.50-
THANK YOU
HAVE A SAFE TRIP
## Monthly Statement of Mileage for Use of Private Vehicle

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

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<tbody>
<tr>
<td>5/11</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$7.50 Parking</td>
</tr>
<tr>
<td>5/14</td>
<td>Annapolis</td>
<td>Meeting</td>
<td>90</td>
<td>$6.00 Parking</td>
</tr>
<tr>
<td>5/15</td>
<td>Annapolis</td>
<td>Meeting</td>
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</tr>
<tr>
<td>6/16</td>
<td>Rockville</td>
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<td>$6.00 Parking</td>
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(continue on back)

Total This Page: 274 miles $25.50

For Accounting Use Only

Signature, Employee: Laura Steinberg  
Date: 6/16/12

Signature, Principal/Supervisor:  
Date: 6/17/12

Signature, Account Manager:  
Date: 6/17/12

Account Number: [Redacted]

---

MCPS Form 220-2, Rev. 8/07
### Fee Details

<table>
<thead>
<tr>
<th>Fee Computer Number</th>
<th>Cashier</th>
<th>Transaction Number</th>
<th>Entered</th>
<th>Exit</th>
<th>Total Fee</th>
<th>Cash</th>
<th>Total Paid</th>
<th>Change Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Id #100</td>
<td>560368</td>
<td>05/11/2012 10:51</td>
<td></td>
<td>7.50</td>
<td>10.50</td>
<td>10.50</td>
<td>3.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>05/11/2012 14:57</td>
<td>Lot 1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gotts Main</td>
<td>Rate</td>
<td>Gotts Garage Var.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

**Have a great day!**

---

### Fee Details

<table>
<thead>
<tr>
<th>Fee Computer Number</th>
<th>Cashier</th>
<th>Transaction Number</th>
<th>Entered</th>
<th>Exit</th>
<th>Total Fee</th>
<th>Cash</th>
<th>Total Paid</th>
<th>Change Due</th>
</tr>
</thead>
<tbody>
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<td>20.00</td>
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<td>14.00</td>
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<td></td>
<td></td>
<td>05/14/2012 17:17</td>
<td>Lot 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Gotts Main</td>
<td>Rate</td>
<td>Gotts Garage Var.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Have a great day!**

---

### Fee Details

<table>
<thead>
<tr>
<th>Fee Computer Number</th>
<th>Cashier</th>
<th>Transaction Number</th>
<th>Entered</th>
<th>Exit</th>
<th>Total Fee</th>
<th>Cash</th>
<th>Total Paid</th>
<th>Change Due</th>
</tr>
</thead>
<tbody>
<tr>
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<td>563437</td>
<td>05/15/2012 11:38</td>
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<td>05/15/2012 14:40</td>
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<td>Rate</td>
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</tr>
</tbody>
</table>

**Have a great day!**

---

### Fee Details

<table>
<thead>
<tr>
<th>Fee Computer Number</th>
<th>Cashier</th>
<th>Transaction Number</th>
<th>Entered</th>
<th>Exit</th>
<th>Total Fee</th>
<th>Cash</th>
<th>Total Paid</th>
<th>Change Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>05/16/12 12:17</td>
<td>L1 A# 4</td>
<td>26232</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>05/16/12 12:17</td>
<td>Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td>05/16/12 12:17 Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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<td>DASH PAID</td>
<td>6.00-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>THANK YOU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HAVE A SAFE TRIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
**Division of Controller**  
**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
Rockville, Maryland 20850

**MONTHLY STATEMENT OF MILEAGE**  
**FOR USE OF PRIVATE VEHICLE**

**INSTRUCTIONS:** This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

<table>
<thead>
<tr>
<th>Employee ID No.</th>
<th>Base School Location</th>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Board of Education</th>
<th>No. Miles to and from Home and Base Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td></td>
<td>Steinberg</td>
<td>Laura</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>(Street No.)</th>
<th>(Street)</th>
<th>(Apt. No.)</th>
<th>Job Title</th>
<th>Submitted for Month of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Staff Assistant</td>
<td>Use one form for each month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(City)</th>
<th>(State)</th>
<th>(ZIP Code)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MD</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>No. of Miles Reimbursable</th>
<th>Parking, Tolls, Public Transportation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/3-5</td>
<td>Ocean City</td>
<td>Conference</td>
<td>367</td>
<td>$7.80 Tolls</td>
</tr>
</tbody>
</table>

(continue on back)

**APPROPRIATE RECEIPTS MUST BE ATTACHED**

Total This Page | 367 | $7.80 For Accounting Use Only
Total Reverse Page | 0 | $0.00
GRAND TOTAL | 367 | $7.80

Signature, Employee

Signature, Principal/Supervisor

Signature, Account Manager

ACCOUNT NUMBER

MCPS Form 220-2, Rev. 8/07
### MY ACCOUNT

**Name:** LAURA M. STEINBERG

**Address:**

**Street Line 1:**

**City:**

**State:** MD

**Zip:**

**Phone Number:** 301-279-5787

**E-mail:**

**Balance:** $14.78

**Prepaid Tolls:** $14.78

**Violations Balance:** $0.00

**Last Replenished:** 06/28/2012

**Replenish Amount:** $25.00

**Replenish Threshold:** $10.00

### Account Overview

<table>
<thead>
<tr>
<th>Transaction Date</th>
<th>Transponder</th>
<th>Entry Plaza</th>
<th>Entry Lane</th>
<th>Exit Plaza</th>
<th>Exit Lane</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/05/2012</td>
<td></td>
<td>114</td>
<td>003</td>
<td>106</td>
<td>002</td>
<td>ETOL</td>
<td>$2.10</td>
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<tr>
<td>10/03/2012</td>
<td></td>
<td>103</td>
<td>WPL</td>
<td>021</td>
<td>ETOL</td>
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<td>$3.60</td>
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<tr>
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<td>115</td>
<td>002</td>
<td>113</td>
<td>002</td>
<td>ETOL</td>
<td>$2.10</td>
</tr>
</tbody>
</table>

### Commuter Trip Information

**Account/Transponder:**

**Plan Type:**

**Trips Used:**

**Trips Left:**

**Start Date:**

**End Date:**

No trip information to display.