Request for Reimbursement of Expenses Paid by Board of Education Member

Instructions: Complete this form for reimbursement of expenses, not including mileage. All original itemized receipts must be attached to this form. This form must be completed and submitted to the Board of Education office no later than 20 business days after the end of the month for which reimbursement is requested. Actual cost of meals, including applicable taxes, will be reimbursed up to the federal published CONUS (continental U.S. http://www.gsa.gov/portal/content/101518) rate per diem.

Board Member Name ___________________________________________ ID No.____________________

DATE OF EXPENSE _____/_____/_______ TYPE OF EXPENSE

Did expense require pre-approval?  □ Yes □ No

If yes, did you receive pre-approval? □ Yes □ No

- Meal/Food
- Ground Transportation
- Other ___________________________________________________

PURPOSE OF EXPENSE

□ Constituent Services □ Intergovernmental Relations □ MCPS related Meeting/Event

□ Travel costs to activity/event, other than mileage

□ Other (e.g. conference-related expense, meal between Board meetings, supplies/services)

Briefly describe how the expense promotes Board priorities and aligns with the work of the Board. If expense involved a meeting, please provide name(s) and role(s) of meeting participant(s), as well as why it could not take place at CESC.

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AMOUNT OF REQUESTED REIMBURSEMENT: __________________________

□ Itemized Receipt Attached

Requestor Signature _____________________________________________ Date _____/_____/_______

Date Received _____/_____/_______ □ Approved □ Denied

Basis for Decision

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Signature ___________________________ Date _____/_____/_______

Board Chief of Staff

Signature ___________________________ Date _____/_____/_______

Board Vice President

□ Information has been reviewed for completeness and request may be processed for payment.

Signature ___________________________ Date _____/_____/_______

Superintendent or Designee

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