School Reimbursement for MCPS Substitute Teacher Coverage

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 203-2
July 2019

CLEAR FORM

This form is intended for schools using Independent Activity Funds (IAF) to reimburse MCPS for substitute charges.

Balance is Due to Division of Controller 7 Days after payroll charges incurred.

Make all checks payable to MCPS; deposit receipt returned to school if requested below.

Pay To:		**From:**	
Company Name:	**Division of Controller**	**School Name:**	
Attention:	**Cash Receipts Clerk**	**Contact Name:**	
Location:	**45 West Gude Drive**	**School Number:**	
Phone Number:	301-279-3766	**Phone Number:**	
E-mail:	billing@mcpsmd.org	**E-mail:**	

REMITTANCE DATE:_____ ☐ **Please Return Receipt** ☐ **Check Attached, No.**_____

DATE WORKED	**SUBSTITUTE TEACHER**	**ABSENT TEACHER**	**SUB SYSTEM JOB #**	**REASON (FT; SIP; O)**	**IAF Account # Charged**	**# HOURS WORKED**	***# Hours x $19.58/hr =***	***Total Earnings x .0765 =***	***Total Earnings + FICA =***
one day/ row	Last Name, First	Last Name, First (one teacher/row)		FT = Field Trip SIP = School Improvement O = Other		***Min 3.5 hrs Max 7 hrs***	**TOTAL EARNINGS**	**FICA DUE**	**PAYMENT DUE TO MCPS**
							$ 0.00	$ 0.00	$ 0.00
							$ 0.00	$ 0.00	$ 0.00
							$ 0.00	$ 0.00	$ 0.00
							$ 0.00	$ 0.00	$ 0.00
							$ 0.00	$ 0.00	$ 0.00
							$ 0.00	$ 0.00	$ 0.00
							$ 0.00	$ 0.00	$ 0.00
								TOTAL AMOUNT REMITTED	$ **$0.00**

Reimbursement Account (Check One)	
☐ Substitute account for High School	01.14101.XXX.03.501081.000000.0000.0000.00
☐ Substitute account for Middle School	01.13101.XXX.03.501081.000000.0000.0000.00
☐ Substitute account for Elementary School	01.12101.XXX.03.501081.000000.0000.0000.00
☐ Substitute account for All Special Ed Substitutes	01.53201.XXX.06.501081.000000.0000.0000.00

Accounts Receivable Receipt Confirmation

Received by:

In the amount of:

Received Date: