

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Request/Accounting for Nonlocal Travel Funds

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**INSTRUCTIONS: Authorization of Travel/Funds**—At least 60 days prior to travel, this form must be approved by both the principal/director and the associate superintendent. Travel credit card will not be issued more than 60 days before the trip. No credit card will be issued if estimate of expenses total less than \$100 or if there are prior travel advances outstanding. Retain a copy of the approved form for use in final settlement of travel expenses.

**Accounting for Travel Expenses**—Use the approved copy of authorization of travel funds to account for travel expenses **within 10 business days after completion of trip**. If the travel credit card is needed, the employee will be notified when travel credit card is ready to pick up in Controller's office. File the expense report in the Hub Expense module with authorization of travel funds, original receipts, and online reviewed credit card statement if travel credit card is issued.

**Reference:** Regulation DIE-RA: *Travel for Montgomery County Public Schools (MCPS) Purposes.*

*Please use Form 281-1A for Nonlocal Travel for MCCAP travel.*

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Job Title \_\_\_\_\_  
*(If teacher, indicate subject/grade and coverage required.)*

Dates of Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ Days of Official Business \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Days Requested \_\_\_\_  Professional  Annual

Place of Travel \_\_\_\_\_ Purpose of Travel \_\_\_\_\_

Estimated Travel Expenses \$ \_\_\_\_\_ Advance Requested \$ \_\_\_\_\_ Lodging (per day) \$ \_\_\_\_\_

Mode of Travel:  Common Carrier  Privately Owned Vehicle  
 *For benefit of MCPS*—Attach justification if destination is more than 150 miles  
 *For benefit of employee*—Reimbursement limited to cost of airfare; lodging and subsistence limited to that incurred if travel were by scheduled airline.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Employee/Traveler School/Department Date

### PART II: REVIEW AND AUTHORIZATION—To be completed by Principal/Director

Substitute Day(s) Needed \_\_\_\_\_  
Account #: (Travel) \_\_\_\_\_ .0000.0000.00

Max. Funds Allowable \$ \_\_\_\_\_  
Account #: (Registration) \_\_\_\_\_ .0000.0000.00

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Principal/Director Date Signature, Associate Superintendent/Chief Date

### PART III: ACCOUNTING FOR TRAVEL EXPENSES—To be completed by employee/traveler

Please complete "Estimated" column with initial request; "Actual" column within 10 business days after completion of trip. Write "prepaid" by any item that was separately paid directly by MCPS via travel credit card or payment memo.

Expenses	Estimated	Actual	Accounting
Lodging (Attach original receipts)	\$ _____	\$ _____	_____
Subsistence: (Attach original receipts)	\$ _____	\$ _____	_____
Common Carrier (Attach original receipts)	\$ _____	\$ _____	_____
Ground Travel (e.g., taxi, airport limousine, parking)	\$ _____	\$ _____	_____
Privately Owned Vehicle: ____ miles @ \$ ____ per mile	\$ _____	\$ _____	_____
Registration (Attach receipted bill.)	\$ _____	\$ _____	_____
Other (Attach explanation and receipted bill(s))	\$ _____	\$ _____	_____
<b>Total Reimbursable Expenses</b>	\$ _____	\$ _____	_____
<b>Prepaid via MCPS Travel Credit card</b>		\$ _____	_____
<b>Paid directly by Payment Memo</b>		\$ _____	_____
Check # _____ (Attach check)		\$ _____	_____
<b>Due Employee</b>		\$ _____	_____

I certify the above expense statement to be accurate and complete

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Employee/Traveler (after travel) Date