MONTGOMERY COUNTY PUBLIC SCHOOLS

Request/Accounting for MCAAP/MCBOA Travel Funds

Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

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INSTRUCTIONS: This form is required for authorization and accounti	ng for MCAAP/MCBOA travel funds.		
Accounting for Travel Expenses—Within 10 business days after the to account for travel expenses. Employees should file the expense r	completion of the trip, the employee	should use the appro	ved copy of this form
MCPS uses the U.S. General Service Administration's per diem rate		•	lls on the travel dates
will be subject to 50% of the per idem rate. The total reimbursable amount cannot exceed the approved MCAA	P/MCBOA travel funds		
Reference: Regulation DIE-RA: Travel for Montgomery County Public S			
PART I: REQUEST INFORMATION—To be completed by er		fund	
Name			ber
Job Title			
Describe planned use of travel funds			
Purpose of Travel			
Place of Travel		cle	
Place of Travel Zip Code	For benefit of MCPS—Attach justification if destination is more than 150 miles		
Estimated Travel Expenses \$	For benefit of employ airfare; lodging and s were by scheduled air	ubsistence limited to t	imited to cost of hat incurred if travel
Signature, Employee/Traveler	School/Department		_// Date
signature, Employee, naveler	School/Department		Date
PART II: REVIEW AND AUTHORIZATION—To be complete	ed and approved by MCAAP/M	CBOA before trav	el
Account #: (Travel) 01.61832.00000.000.05.504137.0000.0000.00	Max. MCAAP/MCBOA Funds Allo	wable \$	
	1 1		
Signature, MC	////////		
PART III: ACCOUNTING FOR TRAVEL EXPENSES—To be co	mpleted by employee after co	mpletion of trave	1
Complete "Actual" column within 10 business days after completion credit card or payment memo. Sign form below and upload to the			
Expenses		Actual	Accounting
Lodging (Attach original receipts)		\$	
Subsistence: (Attach original receipts)		\$	
Common Carrier (Attach original receipts)		\$	
Ground Travel (e.g., taxi, ride share, parking)		\$	
Privately Owned Vehicle: miles @ \$ per mile		\$	
Registration (Attach receipted bill.)		\$	
Other (Attach explanation and receipted bill(s))		\$	
		\$	
		\$	
	Less amount covered by confere	nce \$	
	Due Employ	yee \$	
I certify the above expense statement to be accurate and complete.			
Signature, Employee/Ti	raveler (after travel) Date		