

School Reimbursement for MCPS Substitute Teacher Coverage



Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

**MCPS Form 203-2
July 2011**

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

Balance is Due 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:	CESC Room 156	School Number:	
Phone Number:	301-279-3628	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 \$17.12/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
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
TOTAL AMOUNT REMITTED									\$

Reimbursement Account (Check One)	
<input type="checkbox"/> Substitute account for High School	01.14101.XXX.03.501081.000000.0000.0000.00
<input type="checkbox"/> Substitute account for Middle School	01.13101.XXX.03.501081.000000.0000.0000.00
<input type="checkbox"/> Substitute account for Elementary School	01.12101.XXX.03.501081.000000.0000.0000.00
<input type="checkbox"/> 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: _____