CLEAR FORM MCPS

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. **Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month.** (For additional information, see MCPS Regulation DIE-RA: *Local Travel.*) List all official stops in date order.

Employee ID No. | | | | | | | | | |

Base School Location New: ❑ Yes ❑ No

Name (Last) (First) (Middle)

No. Miles to and from Home and Base Location

Address (Street No.) (Street) (Apt. No.)

Job Title

(City) (State) (ZIP Code)

Submitted for Month of:

Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
(continue on back)		Total This Page	0	$0.00	**For Accounting Use Only**
**APPROPRIATE RECEIPTS MUST BE ATTACHED*		Total Reverse Page	0	$0.00	_____ miles @_____
		GRAND TOTAL	0	$0.00	Other_____ Pay_____

_____ ____/____/____
Signature, Employee *Date*

_____ ____/____/____
Signature, Principal/Supervisor *Date*

☐ APPROVED

_____ ____/____/____
Signature, Account Manager *Date*

ACCOUNT NUMBER _____

Submitted For Month Of:				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item