Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

REQUEST FOR REIMBURSEMENT OF INVOICE PAID BY SCHOOL

School Name _____ School Number _____ Date ____/____/____

INSTRUCTIONS:

1. Complete this form to submit invoices for reimbursement for purchases of instructional supplies, food supplies for Home Economics classes, postage, for textbooks under $50.00 and medical supplies under $25.00. All invoices tendered for reimbursement must have been paid by the school.
2. Forward requests for reimbursement from non-school accounts to appropriate account manager for approval. Account Manager should forward approved reimbursement to the Division of Controller.*
3. Attach all receipts to an 8.5" x 11" sheet of paper with tape. **DO NOT USE STAPLES.**
4. Forward three copies to the Division of Controller; one copy will be forwarded to the Office of School Performance and Accountability (for information purposes only), and one copy will be returned to the school.
5. Checks will be issued only in the name of the school.
6. Please attach paid original invoice as proof of payment.

Name of Company	Date of Invoice/Check	Check Number	Amount	Accounting Use Only
		Total	**$** 0.00	

I certify that the goods represented by the attached invoice(s) and/or check copies listed above have been received and paid for by the school.

_____ ____/____/____ Account # _____
Signature, Principal *Date* *Include Project Number if applicable.*

*Approved By:

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

MCPS Form 280-48, Rev. 3/00 DISTRIBUTION: COPIES 1, 2, 3/Division of Controller; COPY 4/Preparer