

LTL CENTRAL OFFICE AUTHORIZATION FOR FUNDING

TO ENSURE TIMELY PROCESSING OF YOUR REQUEST, FOLLOW THE INSTRUCTIONS BELOW

1. This form must be filled out for every payment/reimbursement request made to the LTL Central Office. Once a supervisor has signed this form, it can be faxed to **240.777.1111**. *If the request and the back-up documentation **do NOT include client identifying information**, you can scan and e-mail this request to LinkagestoLearning@montgomerycountymd.gov.*
2. If this payment is to be made to an individual or entity that has *not* been paid by the county before, the payee must register in the county's fiscal system online at <https://mcipcc.net>. **We cannot process a payment until they are registered.**
Note: LTL staff submitting requests for personal reimbursements of purchases should enter commodity code "961-96" when registering online.
*Note: Once an individual/company is registered, they are able to receive future payments without doing so again, as long as any changes to their name, address or tax identification # are kept updated via the website as well. (If you or the payee have any questions about the online registration process or updates, please call the **LTL Fiscal Specialist at 240.777.1392**).*
3. Except for the grey box at the bottom reserved for central office staff, **all** blanks must be filled in!
4. Attach back-up documentation as follows:
 - Copy of the LRT e-mail pre-approval
 - Receipt(s) / proof of payment for reimbursements; invoices/timesheets for payments to companies or service providers

Person/Company to be paid: _____ Vendor ID/VIN _____
(make sure this name matches the name on attached invoice/receipt)

Address: _____
(must match address that payee registered in the County system. Check will be mailed to this address)

Payee telephone #: _____ Total to be paid/reimbursed: \$ _____

Staff making request: _____ Tel #: _____

Description of purchase: _____

Site Supervisor's Approval: _____ Date: _____

Date sent to LTL Central Office: _____

----- For LTL Central Office Use Only -----

Date received: _____

Post to (circle one): **180.95043.67200***
(Restricted Donations.LTL)

004.64110. _____
(General Fund.LTL.Account Code)

*Designated funds, if any (for internal LTL tracking purposes only):

___ MCAEL/ESOL (Program): _____

___ MCAEL/ESOL (Access): _____

___ Holiday Giving

___ School Supplies

___ Camps

___ Other: _____

DHHS Mgr. Approval (x71792): _____ Date: _____