

Laura Steinberg

RECEIVED

AUG 12 2013

BOARD OFFICE

Maryland Association of Boards of Education



621 Ridgely Avenue • Suite 300 • Annapolis, Maryland 21401-1112 • www.mabe.org
Phone (410) 841-5414 • (800) 841-8197 • Fax (410) 841-6580

August 9, 2013

MEMORANDUM

To: Mr. Christopher S. Barclay, President
Montgomery County Board of Education

From: Frances Hughes Glendening, Executive Director

Subject: MABE "SPECIAL GIFTS" DRAWINGS

As you know the Maryland Association of Boards of Education (MABE) will hold its 2013 Annual Conference in Ocean City, Maryland, from October 2 - 4, 2013. This Annual Conference brings together more than 200 board members, superintendents/chief executive officers and local staff, and other educational leaders from across the state to discuss the challenges public education is facing.

The purpose of this memorandum is to request your assistance and the help of your superintendent/chief executive officer in acquiring some gifts to serve as door prizes at the Annual Conference. As in past years, we are asking each jurisdiction attending the conference to secure 3 to 6 "special gifts." These gifts will be awarded at various times throughout the conference; i.e., opening luncheon, business meeting, and Friday's breakfast. Gifts can vary in value from \$10-\$50; for example, dinner for two, commemorative silver dollars, floral arrangements, fruit basket, notepads/stationery, collectibles, etc. Please note that the \$50 limit conforms to the Ethics Law and should be taken into account in acquiring gifts from local merchants and others.

All gift donations will be acknowledged in the conference materials. For that reason, the attached gift description form must be completed and returned to the MABE Office on or before SEPTEMBER 6, 2013. Also, a letter of thanks and acknowledgment, for tax purposes, will be provided to businesses and others who provide a "special gift."

Your gifts donations may be dropped off at the registration desk when you sign in at the conference. These "special gifts" are an important part of making the conference a "roaring" success, and your support in acquiring and delivering them is greatly appreciated. If you have any questions, please contact Kathy Bennett at (410) 841-5414.

over

Mr. Christopher S. Barclay, President

-2-

August 9, 2013

For your information, the 2013 Conference Planning Committee members are: Patricia Nalley (Anne Arundel County), Michael Bowler (Baltimore County), Tracy McGuire (Calvert County), George Abner (Caroline County), Donald Wade (Charles County), Joy Schaefer (Frederick County), Thomas Carr (Garrett County), Alysson Krchnavy (Harford County), Ann De Lacy (Howard County), Carolyn Boston and Amber Waller (Prince George's County), Cathy Allen (St. Mary's County), William Miles (Somerset County), and Karen Harshman and Melissa Williams (Washington County).

Thank you in advance for assisting in this effort. We look forward to seeing you in Ocean City on October 2!

FHG:kwb

Attachment

Copy to:

Dr. Joshua P. Starr, Superintendent of Schools
Thomas A. Carr, Special Gifts Subcommittee
George J. Abner, Special Gifts Subcommittee
William M. Miles, Special Gifts Subcommittee
Conference Planning Committee Members
Kitty Blumsack, Director of Board Development

MONTGOMERY COUNTY BOARD OF EDUCATION
Rockville, Maryland

January 9, 2014

MEMORANDUM

To: Mrs. Susan Chen, Controller
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff



Subject: Check Request Payable to Laura Steinberg, ID # [REDACTED]

Please issue a check in the amount of \$25.00 in reimbursement of the attached receipt for MABE conference and deposit check.

Please charge the account number indicated.

Ms. Laura Steinberg

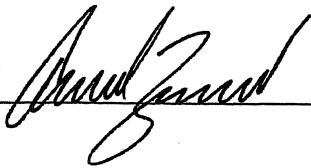


Thank you.

IRI:rlg

Attachment

Approved



09/20/2013 - AFI Silver Theatre, Silver Spring
Gift card for MABE Conference

.....
ARN: 7979710 Exp. 1
AUTH: 01331D S
PURCHASE * * * * *
* * * * *
AFI Silver Theatre
3633 Colesville Road Silver Spring, MD 20910

Sep 30, 2013 18:35:00 TERMINAL
ID: AFIP008 Opr: S
/PM T/N: 797971 POS T,
CREDIT XXXXX
ISA Exp. 1
ARN: 7979710 S
AUTH: PURCHASE * * * * *
* * * * *
AFI Silver Theatre and Cultural Center

\$2500
9/30/13

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

Handwritten initials/signature in top right corner.

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. 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED]	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	
1/10	Annapolis	Meeting	90	\$9.00		
1/14	Annapolis	Meeting	90			
1/16	Annapolis	Meeting	90	\$11.00		
1/23	Annapolis	Meeting	90	\$13.00		
1/24	Annapolis	Meeting	90	\$9.00		
1/28	Annapolis	Meeting	90	\$8.00		
1/29	Annapolis	Meeting	90	\$15.00		
1/30	Annapolis	Meeting	90			
1/31	Annapolis	Meeting	90	\$5.00		
(continue on back)			Total This Page	810	\$70.00	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0	\$0.00	
			GRAND TOTAL	810	\$70.00	

[Signature] 2/12/14
Signature, Employee Date

[Signature] 2/26/14
Signature, Principal/Supervisor Date

PAID
523.00

APPROVED [Signature] 3/14/14
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

273-914

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
1699	01/10 10:24	01/10 13:51	\$9.00	[REDACTED]

592-503

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
1383	01/28 11:20	01/28 14:05	\$5.00	[REDACTED]

404-598

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
	01/16		\$11.00	

404-323

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
158	01/29 11:19	01/29 19:31	\$15.00	[REDACTED]

402-297

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#

404-950

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
127	01/31 11:19	01/31 13:36	\$5.00	[REDACTED]

402-637

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
706	01/24 08:56	01/24 12:56	\$9.00	[REDACTED]

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.

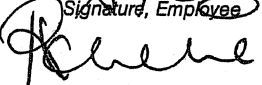
Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED]	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
2/3	Annapolis	Meeting	90	\$9.00	
2/5	Annapolis	Meeting	90	\$15.00	
2/6	Annapolis	Meeting	90	\$20.00	
2/7	Annapolis	Meeting	90	\$5.00	
2/10	Annapolis	Meeting	90	\$11.00	
2/12	Annapolis	Meeting	90	\$9.00	
2/14	Annapolis	Meeting	90		
2/19	Annapolis	Meeting	90		
2/21	Annapolis	Meeting	90	\$15.00	
2/24	Annapolis	Meeting	90	\$13.00	
2/26	Annapolis	Meeting	90	\$16.00	
2/28	Annapolis	Meeting	90	\$11.00	

<i>(continue on back)</i> *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	1,080	\$124.00	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	1,080	\$124.00	

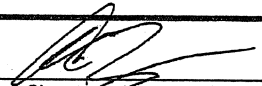


 Signature, Employee 3/14/14
Date



 Signature, Principal/Supervisor 3/28/14
Date

PAID
 124.00

APPROVED


 Signature, Account Manager 4/4/14
Date

ACCOUNT NUMBER [REDACTED]

TRAN IN TIME OUT TIME FEE CC#

Expressparc Receipt

1820 02/03 13:59 02/03 17:49 \$9.00

269-337

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

8970 02/05 11:07 02/05 17:13 \$15.00

670-978

594-237

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

1030 02/03 10:20 02/03 13:13 \$20.00

TRAN IN TIME OUT TIME FEE CC#

Expressparc Receipt

313 02/07 11:17 02/07 13:29 \$5.00

267-937

671-577

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

4961 02/10 14:07 02/10 18:08 \$11.00

672-032

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

7618 02/12 12:34 02/12 16:15 \$9.00

672-743

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

7392 02/21 09:55 02/21 17:28 \$15.00

673-181

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

2542 02/24 12:41 02/24 18:18 \$13.00

613-244

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

5046 02/26 12:50 02/26 17:26 \$16.00 [REDACTED]

674-008

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

7787 02/28 10:43 02/28 15:29 \$11.00 [REDACTED]

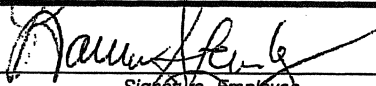
Division of Controller
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
 FOR USE OF PRIVATE VEHICLE

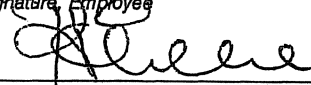
INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information,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

Employee ID No. 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED] MD [REDACTED]	Submitted for Month of: Use one form for each month

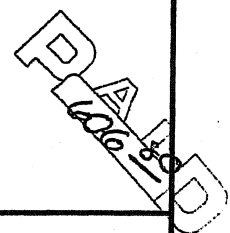
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*		
				Amount	Item	
3/4/	Annapolis	Meeting	90	\$13.00		
3/6/	Annapolis	Meeting	90	\$20.00		
3/10	Rockville	Meeting	5	\$6.00		
3/12	Annapolis	Meeting	90	\$15.00		
3/13	Annapolis	Meeting	90	\$15.00		
3/14	Annapolis	Meeting	90	\$5.00		
3/21	Annapolis	Meeting	90	\$5.00		
3/24	Annapolis	Meeting	90			
3/24	Annapolis	Meeting	90			
3/26	Annapolis	Meeting	90	\$5.00		
3/28	Annapolis	Meeting	90	\$16.00		
(continue on back)			Total This Page	905	\$100.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0	\$0.00	
			GRAND TOTAL	905	\$100.00	



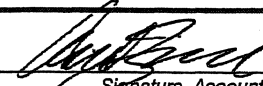
 Signature, Employee 4, 10, 14
 Date



 Signature, Principal/Supervisor 4, 14, 14
 Date



APPROVED



 Signature, Account Manager 4, 21, 14
 Date

ACCOUNT NUMBER [REDACTED]

674-432

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

2911 03/04 10:51 03/04 16:45 \$13.00 [REDACTED]

261-140

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

6286 03/13 09:07 03/13 16:55 \$15.00 [REDACTED]

665-436

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

3420 03/06 10:24 03/06 18:44 \$20.00 [REDACTED]

261-244

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

7077 03/14 09:56 03/14 12:50 \$5.00 [REDACTED]

262-192

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

6596 03/21 10:58 03/21 13:51 \$5.00 [REDACTED]

03/04 10:51 03/04 16:45 \$13.00
03/13 09:07 03/13 16:55 \$15.00
03/06 10:24 03/06 18:44 \$20.00
03/14 09:56 03/14 12:50 \$5.00
03/21 10:58 03/21 13:51 \$5.00

260-956

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

5050 03/12 10:49 03/12 17:46 \$15.00 [REDACTED]

262-953

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

3853 03/26 11:01 03/26 12:52 \$5.00 [REDACTED]

255-704

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#

3884 03/28 10:54 03/29 15:34 416.00

Division of Controller
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
 FOR USE OF PRIVATE VEHICLE

*Amey
2/21*

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. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED]	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
1/9	Annapolis	Meeting	90	\$15.00	PARKING
1/11	Annapolis	Meeting	90	\$5.00	Parking
1/15	Annapolis	Meeting	90		
1/16	Annapolis	Meeting	90	\$13.00	Parking
1/18	Annapolis	Meeting	90	\$11.00	Parking
1/23	Annapolis	Meeting	90	\$5.00	Parking
1/23	Annapolis			\$5.00	Parking
1/23	Annapolis			\$5.00	Parking
1/28	Annapolis	Meeting	90	\$5.00	Parking
1/30	Annapolis	Meeting	90		
1/31	Annapolis	Meeting	90		
1/22	Baltimore	Meeting	106	\$14.00	Parking
1/28	Rockville	Meeting		\$3.50	Parking
1/29	Rockville	Meeting		\$1.00	Parking
1/25	Annapolis	Meeting	90	\$9.00	Parking

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	1006	\$91.50	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	1006	\$91.50	

_____ *[Signature]* _____ 2/11/13
 Signature, Employee Date
 _____ *[Signature]* _____ 2/22/13
 Signature, Principal/Supervisor Date
 _____ *[Signature]* _____ 2/22/13
 Signature, Account Manager Date

PAID
 65989

APPROVED

ACCOUNT NUMBER [REDACTED]

238-658

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
2642	01/09 11:14	01/09 17:59	\$15.00	[REDACTED]

127-248

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
6749	01/23 09:47	01/23 12:37	\$5.00	[REDACTED]

239-108

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
4264	01/11 11:21	01/11 12:57	\$5.00	[REDACTED]

127-325

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
7051	01/23 13:04	01/23 14:51	\$5.00	[REDACTED]

125-450

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
9631	01/16 12:10	01/16 17:20	\$13.00	[REDACTED]

127-408

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
7271	01/23 15:15	01/23 16:47	\$5.00	[REDACTED]

126-042

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
1438	01/18 09:36	01/18 13:57	\$11.00	[REDACTED]

128-047

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
9116	01/25 09:49	01/25 13:06	\$9.00	[REDACTED]

128-615

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
2164	01/28 16:49	01/28 18:10	\$5.00	[REDACTED]

GARAGE 59 COB
 100 MARYLAND AVENUE
 ROCKVILLE MD 20850
 Rcpt# 5808
 01/28/13 13:39 L# 1 A# 2 Txn# 17942
 01/28/13 12:21 In 01/28/13 13:39 Out
 CASH PAID \$ 3.50-
 THANK YOU
 HAVE A SAFE TRIP

Arrow Parking
 210 West Baltimore St
 Baltimore, MD 21201

Computer Number:	
Cashier:	Cashier 101 Id #...
Transaction Number:	174...
Entered:	01/22/2013 10:...
Printed:	01/22/2013 12:45
Ticket #25148	Dispenser #1
Lot:	Lot 1
Area:	Area 1
Gate:	Arrow Balti...
Parking Fee:	\$ 14.00
Total Fee:	\$ 14.00
Amount Paid:	\$ 14.00

GARAGE 59 COB
 100 MARYLAND AVENUE
 ROCKVILLE MD 20850
 Rcpt# 5961
 01/29/13 14:10 L# 1 A# 3 Txn# 18350
 01/29/13 13:19 In 01/29/13 14:10 Out
 Tkt# 060787
 CASH PAID \$ 1.00-
 THANK YOU
 HAVE A SAFE TRIP

Thank You . Please Come Again
 Have A Nice Day!

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. 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board of Education
Name (Last) Steinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) Maryland (ZIP Code)	Submitted for Month of: January Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
01/30	Annapolis	Meeting	90	\$11.00	Parking

162-385

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
4313 01/30 12:11 01/30 16:47 \$11.00

*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	90	\$11.00	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	90	\$11.00	

[Signature]
Signature, Employee 3/12/13 Date

[Signature]
Signature, Principal/Supervisor 3/8/13 Date

[Signature]
Signature, Account Manager 3/13/13 Date

PAID

APPROVED

ACCOUNT NUMBER [REDACTED]

**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.

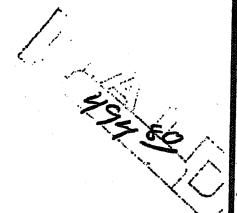
Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED] MD [REDACTED]	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
2/1	Annapolis	Meeting	90	\$9.00	Parking
2/6	Annapolis	Meeting	90	\$11.00	Parking
2/7	Annapolis	Meeting	90	\$13.00	Parking
2/8	Annapolis	Meeting	90	\$15.00	Parking
2/22	Annapolis	Meeting	90	\$5.00	Parking
2/26	Annapolis	Meeting	90		
2/27	Annapolis	Meeting	90	\$15.00	Parking
2/28	Annapolis	Meeting	90	\$20.00	Parking

(continue on back)	Total This Page	720	\$88.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	720	\$88.00	

[Signature] 3/1/13
Signature, Employee Date

[Signature] 3/8/13
Signature, Principal/Supervisor Date



APPROVED

[Signature] 3/2/13
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

162-652

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
6298	02/01 09:29	02/01 13:07	\$9.00	██████

043-617

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
0721	02/22 11:31	02/22 13:20	\$5.00	██████

131-329

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
1540	02/06 12:39	02/06 17:15	\$11.00	██████

164-826

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
6900	02/27 11:35	02/27 18:19	\$15.00	██████

040-415

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
3030	02/07 11:48	02/07 17:06	\$13.00	██████

8094 02/28 10:34 02/28 17:04 \$20.00

058-229

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
██████	02/28 10:34	02/28 17:04	\$20.00	██████

040-581

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
4302	02/08 10:01	02/08 17:12	\$15.00	██████

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

**MONTHLY STATEMENT OF MILEAGE
 FOR USE OF PRIVATE VEHICLE**

Handwritten notes:
 4/19/13
 4/18/13

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. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED] MD [REDACTED]	Submitted for Month of: Use one form for each month

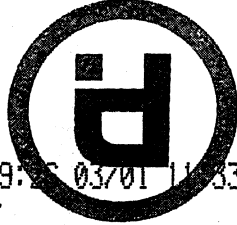
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3/1	Annapolis	Meeting	90	\$5.00	Parking
3/4	Rockville	Meeting		\$10.00	Parking
3/7	Annapolis	Meeting	90	\$15.00	Parking
3/8	Annapolis	Meeting	90	\$11.00	Parking
3/11	Annapolis	Meeting	90	\$5.00	Parking
3/13	Annapolis	Meeting	90	\$13.00	Parking
3/14	Annapolis	Meeting	90	\$13.00	Parking
3/15	Annapolis	Meeting	90	\$9.00	Parking
3/19	Annapolis	Meeting	90	\$15.00	Parking
3/20	Annapolis	Meeting	90	\$15.00	Parking
3/22	Annapolis	Meeting	90	\$5.00	Parking
3/27	Annapolis	Meeting	90	\$11.00	Parking
3/29	Annapolis	Meeting	90	\$5.00	Parking

<i>(continue on back)</i> *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	1,080	\$132.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	1,080	\$132.00	

Laura Steinberg Signature, Employee 4, 19, 13 Date
[Signature] Signature, Principal/Supervisor 4, 18, 13 Date
PAID
7/2/13

APPROVED
[Signature] Signature, Account Manager 4, 19, 13 Date
 ACCOUNT NUMBER [REDACTED]

PARK ANNAPOLIS



8844 03/01 09:25 03/01 11:53 \$5.00

WI

WELCOME TO
ROCKVILLE TOWN SQUARE
PLEASE KEEP THIS TICKET
WITH YOU

Entered/Arrivee:
2013/03/04 08:09

Ticket/Billet#:1716662216
Dur/Duree:9:14:06
Paid On/Paye Le:
2013/03/04 17:24

Paid/Paye:\$ 10.00
Original Fee:\$ 10.00
GST:\$ 0.00
PST:\$ 0.00

Change:\$ 0.00
VISA
SG:\$ 0.00

Merchant ID:

VISA

Seq# 798985

Purchase 13/03/04 17:27:04

Auth#

036-203

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
7465 03/08 10:09 03/08 14:53 \$11.00

028-242

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
3902 03/11 17:36 03/11 19:02 \$5.00

028-910

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
3138 03/13 10:40 03/13 15:47 \$13.00

037-568

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
7368 03/14 10:47 03/14 16:35 \$13.00

026-745

Expressparc Receipt

TRAN IN TIME OUT TIME FEE CC#
6361 03/07 10:15 03/07 16:38 \$15.00

029-583

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
8304	03/15 11:13	03/15 14:35	\$9.00	[REDACTED]

038-735

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
6686	03/22 11:16	03/22 13:13	\$5.00	[REDACTED]

038-339

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
3869	03/19 10:23	03/19 18:26	\$15.00	[REDACTED]

039-409

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
3078	03/27 11:29	03/27 15:38	\$11.00	[REDACTED]

038-492

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
4851	03/20 10:03	03/20 16:55	\$15.00	[REDACTED]

039-692

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
5189	03/29 11:50	03/29 14:02	\$5.00	[REDACTED]

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. 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) teinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) MD (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
4/2	Annapolis	Meeting	90	\$15.00	Parking
4/3	Rockville	Meeting	90	\$5.00	Parking
4/4	Annapolis	Meeting	90	\$15.00	Parking
4/5	Annapolis	Meeting	90	\$13.00	Parking
4/6	Annapolis	Meeting	90	\$15.00	Parking
4/8	Annapolis	Meeting	90	\$13.00	Parking
4/8	Annapolis	Meeting	90		
4/22	Annapolis	Meeting	90		
(continue on back)			Total This Page	720	\$76.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0	\$0.00
			GRAND TOTAL	720	\$76.00

<p>Signature, Employee: [Signature] Date: 4/24/13</p> <p>Signature, Principal/Supervisor: [Signature] Date: 5/1/13</p> <p><input checked="" type="checkbox"/> APPROVED Signature, Account Manager: [Signature] Date: 5/12/13</p>	<p>For Accounting Use Only</p> <p>_____ miles @ _____</p> <p>Other _____</p> <p>Pay _____</p>
ACCOUNT NUMBER [REDACTED]	

030-252

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
0692	04/02 10:31	04/02 16:49	\$15.00	████████

030-751

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
4219	04/05 11:11	04/05 17:01	\$13.00	████████

030-438

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
1945	04/03 15:20	04/03 17:30	\$5.00	████████

031-263

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
9255	04/08 16:36	04/08 21:42	\$13.00	████████

030-585

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
3093	04/04 10:13	04/04 18:37	\$15.00	████████

030-885

Expressparc Receipt

TRAN	IN TIME	OUT TIME	FEE	CC#
5724	04/06 10:23	04/06 16:29	\$15.00	████████

MONTGOMERY COUNTY BOARD OF EDUCATION
Rockville, Maryland

PAID
5/28/13

May 22, 2013

MEMORANDUM

To: Mrs. Susan Chen, Controller
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff



Subject: Check Request Payable to Laura Steinberg, ID #00 [REDACTED]

Please issue a check in the amount of \$74.48 in reimbursement of the attached receipts for replacement ink cartridges and deposit check.

Please charge the account number indicated.

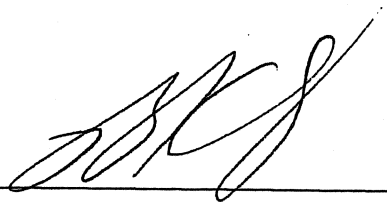
Ms. Laura Steinberg [REDACTED]

Thank you.

IRI:rlg

Attachment

Approved _____



CVS/pharmacy

110 CARROL AVE, WASHINGTON, DC
PHARMACY: 722-7593 STORE: 722-7592

#08 TRN#9644 CSHR#0000093 STR#233

ExtraCare Card #: *****

1 HP 57 INK CART EACH 48.49T

SUBTOTAL	48.49
DC 6.0% TAX	2.91
TOTAL	51.40
MASTERCARD	51.40
*****	MS
CHANGE	.00



2502 3303 0539 6440 81
RETURNS WITH RECEIPT THRU 04/23/2013

FEBRUARY 22, 2013 3:21 PM

Earn 2% back on almost everything in the store and on CVS.com when you use your ExtraCare card.

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/08

Winter 2013 Spending: 25.00

It's not too late! Get your flu shot and receive a 20% off shopping pass! * Available every day. No appointment needed. Many insurance plans accepted. *Restrictions apply. Shopping pass cannot be distributed in AR, NJ or NY

CVS/pharmacy offers you and your family FREE Health Screenings! Get your Glucose and Cholesterol checked for free! Every Thurs, Fri, and Sat. in March 2-6pm. Select stores. Details at CVS.com/projecthealth or call 1-855-287-7867.

From: Office Depot Store Receipt storereceipt@OfficeDepot.com
Subject: Office Depot Store Receipt
Date: February 22, 2013, 4:21 PM
To: Evan Gay evan@eggoc.com

Office DEPOT.

Questions? Call
800.GO.DEPOT
800-463-3768

OFFICE DEPOT STORE #2245
8501 S GEORGIA AVENUE
SILVER SPRING MD 20910
(301) 565 - 4161

Date 02/22/2013 4:06 PM
Version 13.1
Store 2245
Register 1
Transaction # [REDACTED]
Employee 597772
SALE

Product ID	Description	Total
419672	CRTG,INK,HP#56,BLK	25.99 S
	Subtotal:	25.99
	Sales Tax:	1.56
	Total:	27.55
	MasterCard 1953:	27.55

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Participate in our online customer survey and receive a coupon for **\$10 off your next qualifying purchase of \$50 or more on office supplies, furniture and more.**

(Excludes Technology. Limit 1 coupon per household/business.)

Visit www.officedepot.com/feedback and enter the survey code below.

Survey Code: **13PP ZM1G Z8JT**



PURCHASING CARD

Card Member Transaction Log

MCPS Form 234-21
June 2009

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Laura Steinberg Work location CESC, Room 123
 School/office name Board of Education
 For the period: From July 29, 2013 To August 28, 2013

USE SEPARATE LOG FOR EACH ACCOUNT

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
08/07/2013	08/07/2013	\$176.41	The Chateaux Deer Valley, Utah	Lodging while attending BoardDocs	08/28/2013	[REDACTED]
				Conference - One night Deposit		
				(09/03/2013 - 09/05/2013)		
08/06/2013	08/07/2013	\$18.00	United Airlines (No receipt)	Special Service, Bulkhead Luggage	08/28/2013	[REDACTED]
08/06/2013	08/07/2013	\$249.60	United Airlines, online	Flight to and from Utah to attend	08/28/2013	[REDACTED]
				BoardDocs Conference		
Total		\$444.01				

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Laura Steinberg Signature, Card Member
Date 9/25/13

[Signature] Signature, Approving Official
Date 10/11/13



Corporate Purchasing Cardmember Report

**Sign-up For Online
Statements**
www.americanexpress.com/checkyourbill

Prepared For
LAURA STEINBERG-OS
MCPS MDTAX [REDACTED]

Account Number
XXXX-XXXX [REDACTED]

Closing Date
08/28/13

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
0.00	444.01	0.00	0.00	0.00	444.01

For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
08/07/13 THE CHATEAUX AT SILV PARK CITY UT FOL# [REDACTED] LODGING 08/07/13 ARRIVAL DATE DEPARTURE DATE 09/03/13 09/06/13 00 ROOM RATE \$159.00 ROC NUMBER [REDACTED]	98882100700	176.41
08/07/13 UNITED AIRLINES HOUSTON TX TKT# [REDACTED] AIRLINE/AIR C 08/06/13 SPECIAL SERVICE TICKET STEINBERG /BULKHEAD STANDUNITED AIRLINES UNITED AIRLINES HOUSTON TX FROM SALT LAKE CITY UT TO DENVER CO CARRIER CLASS UA 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00	21982410000	18.00

Continued on Page 3

Do not staple or use paper clips

Payment Coupon

[REDACTED]

Please enter account number on all correspondence.

LAURA STEINBERG-OS
MCPS MDTAX [REDACTED]
850 HUNGERFORD RMT23
ROCKVILLE MD 20850

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.



Prepared For
Laura Steinberg-0S
 MCPS MDTAX

Account Number
 XXXXXXXX

Closing Date
 08/28/13

Page 3 of 3

Activity Continued			Reference Code	Amount \$
08/07/13	UNITED AIRLINES TKT# [REDACTED] SPECIAL SERVICE TICKET STEINBERG/LAURAMS UNITED AIRLINES FROM CINCINNATI OH TO DENVER CO TO SALT LAKE CITY UT TO DENVER CO TO CINCINNATI OH	HOUSTON TX AIRLINE/AIR C 08/06/13 UNITED AIRLINES HOUSTON TX CARRIER CLASS UA 00 UA 00 UA 00 UA 00	21891572000	249.60
Total for LAURA STEINBERG-0S			New Charges/Other Debits Payments/Other Credits	444.01 0.00



The Chateaux Deer Valley

7815 Royal St., PO Box 4650
Park City, UT 84060
Ph: 435-658-9510 Fax: 435-658-9513
www.the-chateaux.com

Reservation Number 262772

Send to **Laura Steinberg**
850 Hungerford Drive
Rockville, MD 20850

Phone 301-279-3617

Guest Name Laura Steinberg

Arrival Date
9/3/2013

Departure Date
9/6/2013

Group Emerald Data Solutions

Room Information

a340h - Hotel Room W/King

Bill To Steinberg, Laura
850 Hungerford Drive
Rockville, MD 20850

Phone 301-279-3617

Folio Number [REDACTED]

Trans Date	Description	Voucher	Amount
Charges			
9/3/2013	Room Charge Group Emerald Data Solutions	CHX-A340H	159.00
9/3/2013	Room Tax	CHX-A340H	17.41
9/4/2013	Room Charge Group Emerald Data Solutions	CHX-A340H	159.00
9/4/2013	Room Tax	CHX-A340H	17.41
9/5/2013	Room Charge Group Emerald Data Solutions	CHX-A340H	159.00
9/5/2013	Room Tax	CHX-A340H	17.41
Total Charges			529.23
Payments			
8/6/2013	American Express [REDACTED]	[REDACTED]	-176.41
9/6/2013	American Express [REDACTED]	[REDACTED]	-352.82
Total Payments			-529.23
Balance Due:			0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure. Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Guest Signature: _____

From: "Steinberg, Laura" <Laura_Steinberg@mcpsmd.org> **Date:** Thu 8/29/2013 4:50 PM
To: "Steinberg, Laura" <Laura_Steinberg@mcpsmd.org>, "Laura@steinberg.com" <Laura@steinberg.com> **View:** HTML | Text | Header | Raw Content
Subject: FW: eTicket Itinerary and Receipt for Confirmation [REDACTED]

Steinberg, Laura has requested that a read receipt be sent when this message is read. Do you want to send a receipt? Yes | No

From: United Airlines, Inc. [mailto:unitedairlines@united.com]
Sent: Tuesday, August 06, 2013 1:42 PM
To: Steinberg, Laura
Subject: eTicket Itinerary and Receipt for Confirmation [REDACTED]



A STAR ALLIANCE MEMBER

Confirmation:
 [REDACTED]
 Check-In >

Issue Date: August 06, 2013

Traveler	eTicket Number	Frequent Flyer	Seats
STEINBERG/LAURAMS	[REDACTED]	[REDACTED]	---/6A/3C/15A

FLIGHT INFORMATION

Day, Date	Flight Class	Departure City and Time	Arrival City and Time	Aircraft	Meal
Tue, 03SEP13	UA3639G	CINCINNATI, OH (CVG) 4:51 PM	DENVER, CO (DEN) 5:54 PM	CRJ-700	Purchase
Flight operated by GOJET AIRLINES doing business as UNITED EXPRESS.					
Tue, 03SEP13	UA5483G	DENVER, CO (DEN) 7:10 PM	SALT LAKE CITY, UT (SLC) 8:40 PM	CRJ-200	
Flight operated by SKYWEST AIRLINES doing business as UNITED EXPRESS.					
Fri, 06SEP13	UA4271G	SALT LAKE CITY, UT (SLC) 5:23 PM	DENVER, CO (DEN) 6:50 PM	ERJ-145	
Flight operated by EXPRESSJET AIRLINES INC doing business as UNITED EXPRESS.					
Fri, 06SEP13	UA4279G	DENVER, CO (DEN) 7:26 PM	CINCINNATI, OH (CVG) 12:06 AM (07SEP)	ERJ-145	Purchase
Flight operated by EXPRESSJET AIRLINES INC doing business as UNITED EXPRESS.					

FARE INFORMATION

Fare Breakdown		Form of Payment:
Airfare:	191.63USD	AMERICAN EXPRESS
U.S. Federal Transportation Tax:	14.37	Last Four Digits [REDACTED]
U.S. Flight Segment Tax:	15.60	
September 11th Security Fee:	10.00	
U.S. Passenger Facility Charge:	18.00	
Per Person Total:	249.60USD	
eTicket Total:	249.60USD	

The airfare you paid on this itinerary totals: 191.63 USD



PURCHASING CARD

Card Member Transaction Log

MCPS Form 234-21
June 2009

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name Laura Steinberg
School/office name Board of Education Work location CESC, Room 123

For the period: From August 29, 2013 To September 28, 2013 **USE SEPARATE LOG FOR EACH ACCOUNT**

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
09/03/2013	09/07/2013	\$140.20	Enterprise Rent A Car, Utah	Rental while attending BoardDocs	09/28/2013	██████
				Conference, Salt Lake City, Utah		
09/03/2013	09/07/2013	\$352.82	The Chateaux Deer Valley, Utah	Lodging while attending BoardDocs	09/28/2013	██████
				Conference, Salt Lake City, Utah		
				(Balance after deposit of \$176.41)		
				(09/03/2013 - 09/05/2013)		
		Total				
		\$493.02				

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

Laura Steinberg Signature, Card Member 10/18/13 Date
[Signature] Signature, Approving Official 11/6/13 Date



**Corporate Purchasing
Cardmember Report**

**Sign-up For Online
Statements**

www.americanexpress.com/checkyourbill

Prepared For
LAURA STEINBERG-0S
MCPS MDTAX

Account Number

Closing Date
09/28/13

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
444.01	493.02	0.00	444.01	0.00	493.02	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity Date reflects either transaction or posting date

Card Number XXXX-Y	Reference Code	Amount \$
09/05/13	CORPORATE REMITTANCE RECEIVED 09/05	-444.01
09/07/13	ENTERPRISE RENT A CA SALT LAKE CITY UT R/A#- AUTOMOBILE RE 09/06/13 ENTERPRISE RENT A CAR LOCATION DATE/TIME RENTAL AGREEMENT SALT LAKE CITY UT 09/03/13 203400 RETURN TR# SALT LAKE CITY UT 09/06/13 STEINBERG L	140.20
09/07/13	THE CHATEAUX AT SILV PARK CITY UT FOL# 00259915 LODGING 09/06/13 ARRIVAL DATE DEPARTURE DATE 09/03/13 09/06/13 00 ROOM RATE \$159.00 ROC NUMBER	352.82
Total for LAURA STEINBERG-0S		
New Charges/Other Debits		493.02
Payments/Other Credits		-444.01

Do not staple or use paper clips
Payment Coupon

Account Number

Please enter account number on all correspondence.

LAURA STEINBERG-0S
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD 20850



Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.



ENTERPRISE

RA [REDACTED] Bil 0
03-SEP-2013 08:40 PM
CITY INTL ARPT
06-SEP-2013 03:57 PM
CITY INTL ARPT

INBERG
DU532450
ACCENT
/en CCAR Class Charged ECAR
Y676ZH State/Province UT
/en 217
2633
2850

	No	Unit	Price	Amount
	3	Days	31.71	95.13*
	0	M/Kms		0.00*
CONVERSION RECOVERY FEE				9.78*
COUNTY TOURISM TAX				7.53
MOTOR VEH RENTAL TAX				2.69
CFC				15.00
VLF RECOVERY				2.70*
SALES TAX @6.850 %				7.37

Charges USD 140.20

AMEX [REDACTED]

Due USD 140.20

File Items
to Audit
at Flyer ***** Credit to \$
ervations: 1-800-RENT-A-CAR





The Chateaux Deer Valley

7815 Royal St., PO Box 4650
 Park City, UT 84060
 Ph: 435-658-9510 Fax: 435-658-9513
 www.the-chateaux.com

Reservation Number 262772

Send to Laura Steinberg
 850 Hungerford Drive
 Rockville, MD 20850

Phone 301-279-3617

Guest Name Laura Steinberg

Arrival Date
 9/3/2013

Departure Date
 9/6/2013

Group Emerald Data Solutions

Room Information

a340h - Hotel Room W/King

Bill To Steinberg, Laura
 850 Hungerford Drive
 Rockville, MD 20850

Phone 301-279-3617

Folio Number [REDACTED]

Trans Date	Description		Voucher	Amount
Charges				
9/3/2013	Room Charge Group	Emerald Data Solutions	CHX-A340H	159.00
9/3/2013	Room Tax		CHX-A340H	17.41
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9/4/2013	Room Tax		CHX-A340H	17.41
9/5/2013	Room Charge Group	Emerald Data Solutions	CHX-A340H	159.00
9/5/2013	Room Tax		CHX-A340H	17.41
Total Charges				529.23
Payments				
8/6/2013	American Express	##### [REDACTED]		-176.41
9/6/2013	American Express	##### [REDACTED]		-352.82
Total Payments				-529.23
Balance Due:				0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure. Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Guest Signature: _____

**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.	0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last)	(First) (Middle)	No. Miles to and from Home and Base Location
Steinberg	Laura	
Address (Street No.) (Street)	(Apt. No.)	Job Title
[REDACTED]		Staff Assistant
(City)	(State) (ZIP Code)	Submitted for Month of:
[REDACTED]	MD [REDACTED]	Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
10/1	Rockville	Meeting	5	\$7.00	
10/2	Ocean City	Confenrnce	360		
10/21	Annapolis	Meeting	90		
(continue on back)			Total This Page	455	\$7.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0	\$0.00
			GRAND TOTAL	455	\$7.00
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Laura Steinberg
Signature, Employee 11/20/13
Date

[Signature]
Signature, Principal/Supervisor 12/4/13
Date

APPROVED *[Signature]*
Signature, Account Manager 12/13/17
Date

ACCOUNT NUMBER [REDACTED]

WELCOME TO
ROCKVILLE TOWN SQUARE

PLEASE KEEP THIS TICKET
WITH YOU

Entered:
2013/10/01 08:46

Ticket#:1734894843
Dur:5:28:04
Paid On:
2013/10/01 14:15

Paid:\$ 7.00
Original Fee:\$ 7.00
Change:\$ 0.00
VISA
SC:\$ 0.00

*****[REDACTED]S

VISA

Seq# 799266

Purchase 13/10/01 14:20:20

Auth# [REDACTED]

Jan 21/12

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

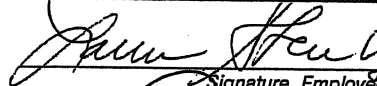
MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

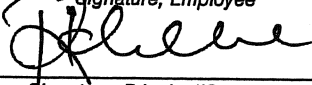
INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information,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

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Steinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) MD (ZIP Code)	Submitted for Month of: Use one form for each month

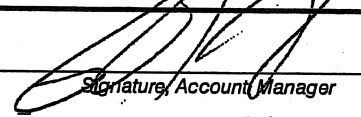
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1/9/12	Annapolis	Meeting	90	\$9.00	Parking
1/12/12	Annapolis	Meeting	90	\$6.00	Parking
1/17/12	Rockville	Meeting	5	\$3.50	Parking
1/19/12	Annapolis	Meeting	90	\$12.00	Parking
1/20/12	Annapolis	Meeting	90	\$9.00	Parking
1/23/12	Rockville	Meeting	5	\$1.00	Parking
1/24/12	Annapolis	Meeting	90	\$10.50	Parking
1/25/12	Annapolis	Meeting	90	\$16.00	Parking
1/26/12	Annapolis	Meeting	90	\$9.00	Parking
1/30/12	Annapolis	Meeting	90	\$9.00	Parking
1/31/12	Annapolis	Meeting	90	\$10.50	Parking

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	820	\$95.50	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	820	\$95.50	


 Signature, Employee 2/7/12
Date


 Signature, Principal/Supervisor 2/8/12
Date

PAID
5/1/12

APPROVED

 Signature, Account Manager 2/9/12
Date

ACCOUNT NUMBER [REDACTED]

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 486636
Entered: 01/12/2012 13:03
Exited: ~~01/12/2012~~ 01/12/2012 16:19
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 6.00
Total Fee: \$ 6.00
Cash: \$ 6.00
Total Paid: ~~6.00~~

Have a great day!

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850
Rcpt# 29
01/17/12 13:46 LH 1 AM 3 Txn# 212
01/17/12 11:11 In 01/17/12 13:46 Out
CASH PAID \$ 3.50-
THANK YOU
HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)263-9749

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 490944
Entered: ~~01/19/2012~~ 01/19/2012 10:12
Exited: 01/19/2012 17:18
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 12.00
Total Fee: \$ 12.00
Cash: \$ 12.00
Total Paid: ~~12.00~~

Have a great day!

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 491528
Entered: ~~01/20/2012~~ 01/20/2012 09:16
Exited: 01/20/2012 14:54
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 9.00
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: ~~9.00~~

Have a great day!

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850

Rcpt# 223
01/23/12 14:18 L# 1 A# 2 Txn# 1455
01/23/12 12:26 In 01/23/12 14:18 Out
CASH PAID \$ 1.00-
THANK YOU
HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #106
Transaction Number: 493598
Entered: 01/24/2012 10:32
Exited: ~~01/24/2012~~ 17:30
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 10.50
Total Fee: \$ 10.50
Cash: \$ 10.50
Total Paid: ~~\$ 10.50~~

Have a great day!

PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 41035246
IN: 1/25/2012 10:40:00 AM
OUT: 1/25/2012 5:57:11 PM
FEE: \$16.00
TOTAL: \$16.00
TENDERED: \$16.00
CHANGE: \$0.00

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 495386
Entered: ~~01/26/2012~~ 10:08
Exited: 01/26/2012 15:59
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 9.00
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: ~~\$ 9.00~~

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Gotts Court Parking Garage
(410)263-9749

Duplicate

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 497819
Entered: 01/30/2012 14:18
Exited: 01/30/2012 19:26
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 9.00
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: \$ 9.00

Have a great day!

Fee Computer Number: 1
Cashier: Id #106
Transaction Number: 498671
Entered: 01/31/2012 10:48
Exited: 01/31/2012 17:06
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 10.50
Total Fee: \$ 10.50
Cash: \$ 10.50
Total Paid: \$ 10.50

Have a great day!

MONTGOMERY COUNTY BOARD OF EDUCATION
Rockville, Maryland

February 7, 2012


Amey
2/8
PAID

MEMORANDUM

To: Mr. Robert Doody, Controller
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to Laura Steinberg, ID # [REDACTED]



Please issue a check in the amount of \$58.27 in reimbursement of the attached receipt for a business luncheon meeting and deposit check.

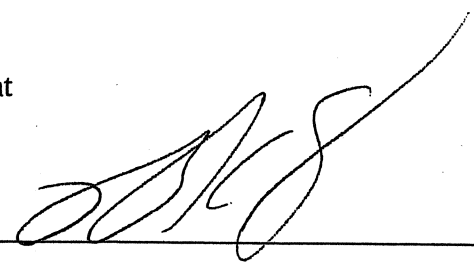
Please charge the account number indicated.

Ms. Laura Steinberg [REDACTED]

Thank you.

IRI:rlg

Attachment

Approved  _____



Just Juice Loyalty Card
5 Juices At \$25 Or 10 Juices At \$49.99

	BUFFALO CHIX WRAP	5.99	B
	DBL HONEY TKY WRAP	5.99	B
	TRKY & SWSS WRAP	5.99	B
	SW TURKEY WRAP	5.99	B
	CHEF'S FEATURE	3.99	F
	TAILGATE COLESLAW	4.59	F
	CUSTOM SANDWICH	5.49	B
	WRAP, BEEF & BOURS	5.49	B
	WRAP, YELLOWFIN TU	11.98	B
MP	BAG REFUND	.05	-F
	ITEM =	999913	

**** TAX 2.82 BAL 58.27

MP	BAG REFUND	.05	-F
	ITEM =	999913	

**** TAX 2.82 BAL 58.22

VF	Visa	58.22	
	Acct # [REDACTED]		
	Merchant # 67		
	Seq # 1135		
	Authorization # [REDACTED]		
	CHANGE	.00	

1/25/12 10:06 AM 0067 11 0030 1955

Your cashier today is PATRICIA

Thank You For Shopping at Whole Foods
Market, Annapolis (410) 573-1800

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

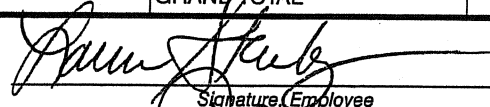
3/19/12

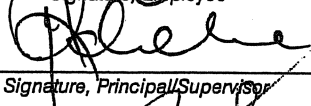
INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information,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

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Steinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) MD (ZIP Code)	Submitted for Month of: Use one form for each month

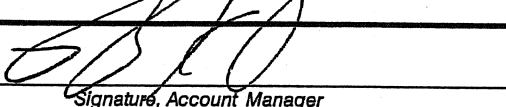
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
2/2	Annapolis	Meeting	90	\$6.00	Parking
2/6	Rockville	Meeting	4	\$1.00	Parking
2/6	Rockville	Meeting	4	\$1.00	Parking
2/6	Annapolis	Meeting	90	\$3.00	Parking
2/9	Annapolis	Meeting	90	\$10.50	Parking
2/10	Annapolis	Meeting	90	\$10.50	Parking
2/13	Rockville	Meeting	4	\$1.00	Parking
2/13	Annapolis	Meeting	90	\$3.00	Parking
2/15	Annapolis	Meeting	90	\$7.50	Parking
2/16	Annapolis	Meeting	90	\$4.50	Parking
2/17	Annapolis	Meeting	90	\$7.50	Parking
2/22	Annapolis	Meeting	90	\$12.00	Parking
2/24	Annapolis	Meeting	90	\$9.00	Parking
2/28	Annapolis	Meeting	90	\$14.00	Parking
2/29	Annapolis	Meeting	90	\$10.50	Parking

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	1,092	\$101.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	1,092	\$101.00	


 Signature, Employee 3, 12, 12
Date


 Signature, Principal/Supervisor 3, 19, 12
Date

PAID 767 06

APPROVED

 Signature, Account Manager 3, 20, 12
Date

ACCOUNT NUMBER [REDACTED]

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 500210
Entered: 02/02/2012 09:54
Exited: 02/02/2012 13:27
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 6.00
Total Fee: \$ 6.00
Cash: \$ 6.00
Total Paid: \$ 6.00

Have a great day!

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850

Rcpt# 684
02/06/12 13:45 LH 1 AH 2 Txn# 4297
02/06/12 12:24 In 02/06/12 13:45 Out
Tkt# 087084
CASH PAID \$ 1.00-
THANK YOU
HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 502507
Entered: 02/06/2012 16:50
Exited: 02/06/2012 18:47
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 3.00
Total Fee: \$ 3.00
Cash: \$ 3.00
Total Paid: \$ 3.00

Have a great day!

GARAGE 59 COB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850

Rcpt# 674
02/06/12 10:44 LH 1 AH 2 Txn# 4195
02/06/12 09:30 In 02/06/12 10:44 Out
Tkt# 087006
CASH PAID \$ 1.00-
THANK YOU
HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 504725
Entered: 02/09/2012 09:19
Exited: ~~02/09/2012 16:15~~
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 10.50
Total Fee: \$ 10.50
Cash: \$ 10.50
Total Paid: \$ 10.50

Have a great day!

Park
America, Inc.

Gott's Court Parking Facility
Northwest & Calvert Streets
Annapolis, Maryland 21401
(410) 263-9749

Parking Receipt

Date 2-10-12

Amount Paid 10.50

THANK YOU



Cashier's Signature

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 507287
Entered: ~~02/13/2012 16:43~~
Exited: 02/13/2012 18:39
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 3.00
Total Fee: \$ 3.00
Cash: \$ 3.00
Total Paid: \$ 3.00

Have a great day!

GARAGE 59 CDB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850

Rcpt# 983

~~02/13/12 13:47~~ LH 1 AH 2 .Txn# 5849

02/13/12 12:27 In 02/13/12 13:47 Out

Tkt# 088792

CASH PAID \$ 1.00-

THANK YOU

HAVE A SAFE TRIP

Gotts Court Parking Garage
(410)263-9749

Duplicate

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 508727
Entered: ~~02/15/2012~~ 10:59
Exited: 02/15/2012 15:51
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 7.50
Total Fee: \$ 7.50
Cash: \$ 7.50
Total Paid: \$ 7.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #104
Transaction Number: 509699
Entered: 02/16/2012 15:44
Exited: ~~02/16/2012~~ 18:12
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 4.50
Total Fee: \$ 4.50
Cash: \$ 4.50
Total Paid: \$ 4.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 510362
Entered: 02/17/2012 09:47
Exited: ~~02/17/2012~~ 14:41
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 7.50
Total Fee: \$ 7.50
Cash: \$ 7.50
Total Paid: \$ 7.50

Have a great day!

PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 24020448
IN: ~~2/22/2012~~ 12:12:00 PM
OUT: 2/22/2012 5:58:20 PM
FEE: \$12.00
TOTAL: \$12.00
TENDERED: \$12.00
CHANGE: \$0.00

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 515060
Entered: 02/24/2012 09:22
Exited: ~~02/24/2012~~ 14:52
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 9.00
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: \$ 9.00

Have a great day!

PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 24023067
IN: ~~2/28/2012~~ 12:38:00 PM
OUT: 2/28/2012 6:58:43 PM
FEE: \$14.00
TOTAL: \$14.00
TENDERED: \$14.00
CHANGE: \$0.00

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #110
Transaction Number: 518486
Entered: 02/29/2012 10:53
Exited: ~~02/29/2012~~ 17:40
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 10.50
Total Fee: \$ 10.50
Cash: \$ 10.50
Total Paid: \$ 10.50

Have a great day!

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

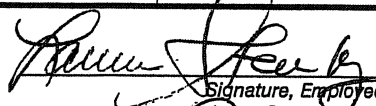

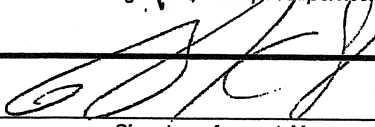
MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

4/13

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. 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Steinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) MD (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	
3/1	Annapolis	Meeting	90	\$16.00	Parking	
3/2	Annapolis	Meeting	90	\$7.50	Parking	
3/5	Annapolis	Meeting	90			
3/6	Annapolis	Meeting	90	\$12.00	Parking	
3/8	Annapolis	Meeting	90	\$10.50	Parking	
3/9	Annapolis	Meeting	90	\$6.00	Parking	
3/13	Annapolis	Meeting	90	\$9.00	Parking	
3/14	Annapolis	Meeting	90			
3/15	Annapolis	Meeting	90	\$12.00	Parking	
3/16	Annapolis	Meeting	90	\$7.50	Parking	
3/19	Annapolis	Meeting	90			
3/21	Annapolis	Meeting	90			
3/22	Annapolis	Meeting	90			
3/23	Annapolis	Meeting	90			
3/26	Annapolis	Meeting	90			
3/27	Annapolis	Meeting	90	\$7.50	Parking	
3/28	Annapolis	Meeting	90	\$9.00	Parking	
(continue on back)			Total This Page	1,530	\$97.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	180	\$13.00	
			GRAND TOTAL	1,710	\$110.00	

 Signature, Employee 4/4/12 Date
 Signature, Principal/Supervisor 4/16/12 Date
 Signature, Account Manager 4/18/12 Date

PAID
1057

APPROVED

ACCOUNT NUMBER [REDACTED] 0.0000.0000.00

PARK AMERICA
THANK YOU
PLEASE DRIVE SAFELY
410 267 8914

Ticket #: 24023728
IN: 3/1/2012 11:17:00 AM
OUT: ~~3/1/2012~~ 6:22:52 PM
FEE: \$16.00
TOTAL: \$16.00
TENDERED: \$20.00
CHANGE: \$4.00

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #101
Transaction Number: 519491
Entered: 03/02/2012 09:33
Exited: ~~03/02/2012~~ 13:45
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 7.50
Total Fee: \$ 7.50
Cash: \$ 8.00
Total Paid: \$ 8.00
Change Due \$ 0.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 521845
Entered: ~~03/06/2012~~ 10:02
Exited: 03/06/2012 18:13
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 12.00
Total Fee: \$ 12.00
Cash: \$ 12.00
Total Paid: \$ 12.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 523152
Entered: ~~03/08/2012~~ 10:28
Exited: 03/08/2012 17:18
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 10.50
Total Fee: \$ 10.50
Cash: \$ 11.00
Total Paid: \$ 11.00
Change Due \$ 0.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #101
Transaction Number: 535019
Entered: 03/27/2012 11:45
Exited: 03/27/2012 16:18
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 7.50
Total Fee: \$ 7.50
Cash: \$ 7.50
Total Paid: \$ 7.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 536286
Entered: 03/29/2012 10:42
Exited: 03/29/2012 15:54
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 9.00
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: \$ 9.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #101
Transaction Number: 535678
Entered: 03/28/2012 10:34
Exited: 03/28/2012 15:35
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 9.00
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: \$ 9.00

Have a great day!

TOWNE PARK
THANK YOU
PLEASE DRIVE SAFELY

Ticket #: 24034742
IN: 07/00/2012 1:17:00 AM
OUT: 3/30/2012 1:13:35 PM
FEE: \$4.00
TOTAL: \$4.00
TENDERED: \$4.00
CHANGE: \$0.00

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

Handwritten notes:
Jan 12
1/12/12

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. 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Steinberg Laura	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED] MD [REDACTED]	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
4/2	Annapolis	Meeting	90		
4/3	Annapolis	Meeting	90		
4/4	Annapolis	Meeting	90		
4/5	Annapolis	Meeting	90	\$10.50	Parking
4/6	Annapolis	Meeting	90	\$6.00	Parking
4/9	Annapolis	Meeting	90	\$12.00	Parking
4/13	Annapolis	Meeting	90	\$8.75	Parking
4/30	Annapolis	Meeting	90	\$6.00	Parking
4/30	Rockville	Meeting	4	\$3.50	Parking

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	724	\$46.75	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	724	\$46.75	

Laura Steinberg Signature, Employee 4/30/12 Date
[Signature] Signature, Principal/Supervisor 5/16/12 Date
[Signature] Signature, Account Manager 5/17/12 Date

PAID

13289

APPROVED

ACCOUNT NUMBER [REDACTED]

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 540075
Entered: ~~04/05/2012 11:27~~
Exited: 04/05/2012 17:37
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: ~~\$ 10.50~~
Total Fee: \$ 10.50
Cash: \$ 10.50
Total Paid: \$ 10.50

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 540491
Entered: ~~04/06/2012 09:41~~
Exited: 04/06/2012 13:07
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: ~~\$ 10.00~~
Total Fee: \$ 6.00
Cash: \$ 10.00
Total Paid: \$ 10.00
Change Due: \$ 4.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 542498
Entered: ~~04/09/2012 14:24~~
Exited: 04/09/2012 19:47
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: ~~\$ 9.00~~
Total Fee: \$ 9.00
Cash: \$ 9.00
Total Paid: \$ 9.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 542622
Entered: ~~04/10/2012 20:34~~
Exited: 04/10/2012 00:31
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: ~~\$ 3.00~~
Total Fee: \$ 3.00
Cash: \$ 3.00
Total Paid: \$ 3.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 544537
Entered: ~~04/18/2012~~ 04/13/2012 14:25
Exited: 04/13/2012 17:39
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: ~~6.00~~
Total Fee: \$ 6.00
Cash: \$ 6.00
Total Paid: \$ 6.00

Have a great day!

GARAGE 59 C08
100 MARYLAND AVENUE
ROCKVILLE, MD 20850
Rcpt# 4314
04/30/12 15:10 L# 1 A# 2 Txn# 23114
04/30/12 13:23 In 04/30/12 15:10 Out
Tkt# 057527
CASH PAID \$ 3.50-
THANK YOU
HAVE A SAFE TRIP

Division of Controller
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
 FOR USE OF PRIVATE VEHICLE

Handwritten: kmcy
6/11/12

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. 0 0 0 0 [Redacted]	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Steinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) MD (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
5/11	Annapolis	Meeting	90	\$7.50	Parking
5/14	Annapolis	Meeting	90	\$6.00	Parking
5/15	Annapolis	Meeting	90	\$6.00	Parking
6/16	Rockville	Meeting	4	\$6.00	Parking

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	274	\$25.50	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	274	\$25.50	

Laura Steinberg
 Signature, Employee 6/16/12
Date

[Signature]
 Signature, Principal/Supervisor 6/17/12
Date

PAID

APPROVED
[Signature]
 Signature, Account Manager 6/21/12
Date

ACCOUNT NUMBER: [Redacted]

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 560368
Entered: 05/11/2012 10:51
Exited: 05/11/2012 14:57
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 7.50
Total Fee: \$ 7.50
Cash: \$ 10.50
Total Paid: \$ 10.50
Change Due \$ 3.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 562880
Entered: 05/14/2012 14:11
Exited: 05/14/2012 17:17
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 6.00
Total Fee: \$ 6.00
Cash: \$ 20.00
Total Paid: \$ 20.00
Change Due \$ 14.00

Have a great day!

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number: 1
Cashier: Id #100
Transaction Number: 563437
Entered: 05/15/2012 11:38
Exited: 05/15/2012 14:40
Lot: Lot 1
Area: Gotts Main
Rate: Gotts Garage Var.
Parking Fee: \$ 6.00
Total Fee: \$ 6.00
Cash: \$ 6.00
Total Paid: \$ 6.00

Have a great day!

GARAGE 59 GGB
100 MARYLAND AVENUE
ROCKVILLE, MD 20850
Rcpt# 541E
05/16/12 12:17 In Lot 1 Area 4 Txn# 26232
05/16/12 09:24 In 05/16/12 12:17 Out
Tktn 000984
CASH PAID \$ 6.00-
THANK YOU
HAVE A SAFE TRIP

Approved
11/13/12

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. <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value=""/>	Base School Location New: <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Steinberg (First) Laura (Middle)	No. Miles to and from Home and Base Location
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) MD (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
10/3-5	Ocean City	Conference	367	\$7.80	Tolls
(continue on back)	Total This Page		367	\$7.80	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page		0	\$0.00	
	GRAND TOTAL		367	\$7.80	

[Signature]
Signature, Employee

11/11/12
Date

PAID

[Signature]
Signature, Principal/Supervisor



11/12/12
Date

APPROVED

[Signature]
Signature, Account Manager

11/20/12
Date

ACCOUNT NUMBER

[HOME](#) [FAQ's](#) [CONTACT US](#)

ON-THE-GO
SIGN UP NOW!
MY ACCOUNT
ABOUT E-ZPass
ROADS & TRAVEL
TOLL RATE CALCULATOR
NOTICE OF TOLL(S) DUE

October 8, 2012

MY ACCOUNT LAURA M. STEINBERG # 13433590 is logged in [Log Out](#)

Overview

Account Profile

One-Time Payment

Update Credit Card

Vehicles & Transponders

Plans

Account Inquiry

Transactions

Notice of Toll(s) Due

Account Overview

Name: LAURA M. STEINBERG	
Address Line 1: [REDACTED]	Account: [REDACTED]
Address Line 2: [REDACTED]	Prepaid Tolls: \$14.78
State: MD	Violations Balance: \$0.00
Zip: [REDACTED]	Balance: \$14.78
E-mail: [REDACTED]	Last Replenished: 08/28/2012
Phone Number: 301-279-3787	Replenish Amount: \$25.00
	Replenish Threshold: \$10.00 What's this?

Message Overview

List of Messages: [Messages](#)

Latest Toll Transactions

	Transaction Date	Transponder	Entry Plaza	Entry Lane	Exit Plaza	Exit Lane	Description	Amount
Toll Transactions Overview:	10/05/2012	[REDACTED]	114	003	106	002	ETOL	\$2.10
	10/03/2012	[REDACTED]			WPL	001	ETOL	\$3.60
	10/03/2012	[REDACTED]	105	002	113	002	ETOL	\$2.10

Commuter Trip Information

Commuter Trip	Account/Transponder	Plan Type	Trips Used	Trips Left	Start Date	End Date
Overview:	No trip information to display					

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