

Mr. Michael  
Durso

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>JANUARY</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3	TEDS - 355, ROCKVILLE	MEET WITH BOE OFFICERS	16		
4	PARKER @ TECH ROAD	MCPS RETIREE	16		
6	BESC - VAS OFFICE	SUPV. MEETING	19		
6	JENEA VALLEY HS	BELL TIMES FORUM	36		
7	5216 CREEK ELEMENTARY	PTSA MEETING	21		
9	VFK HIGH SCHOOL	CLAS PROVERE VISITATION	12		
9	TED'S HICKORY GAIL	MCPS STAFF	11		
9	BESC AUDITORIUM	BUDGET HEARING	19		
Total This Page			150	0	
Total Reverse Page			402	6.00	
GRAND TOTAL			552	6.00	

continue on back)

\*APPROPRIATE RECEIPTS MUST BE ATTACHED

For Accounting Use Only  
 \_\_\_\_\_ miles @ \_\_\_\_\_  
 Other \_\_\_\_\_  
 Pay \_\_\_\_\_

Michael Durso 1/31/14  
 Signature, Employee Date

[Signature] 2/29/14  
 Signature, Principal/Supervisor Date

[Signature] 3/4/14  
 Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



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Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>FEBRUARY</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	CEVC ROOM 120	NEGOTIATIONS BRIEFING	19		
4	PRIME BANQUET NIGHT SCHOOL	VARSITY BASKETBALL	12		
5	NEW FORDNEY, GAITHERSBURG	LEARN LUNAR NEW YR	24		
6	CEVC ROOM 121	SUPV. DISCUSSION	19		
7	GLEN MONT METRO STA.	SUBWAY TO METRO FUNCTION	10		
7	401 F STREET BUILDING-MUSEUM	NEA ANNUAL GALA	→	\$ 8.30	RED LINE TO JUDICIAL SQUARE
7	GLEN MONT GARAGE	PARKING	→	5.00	
10	COUNCIL COUNCIL BLDG	EDUCATION COMMITTEE	16		
(continue on back)			Total This Page	100	\$ 13.30
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	330	14.30
			GRAND TOTAL	430	27.60
				For Accounting Use Only _____ miles @ _____ Other _____ Pay _____	

Michael A Durso Signature, Employee 1/28/14 Date  
Lochelle Signature, Principal/Supervisor 1/24/14 Date

PAID 268.20

APPROVED [Signature] Signature, Account Manager 4/4/14 Date

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: FEBRUARY 2014

Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
10	COUNTY GARAGE, ROCKVILLE	PARKING		6.00	
10	FAIRLAND ELEMENTARY	PRINCIPAL INTERN	12		
10	MS. CENTER SCHOOL SAFETY	QUARTERLY MEETINGS	56		
10	BLAIR HIGH SCHOOL	BELL TIMES FORUM	20		
12	MAILBOX, ROCKVILLE	MCPS STAFF	22		
15	BLENMONT METRO	WRANEN THEATER	10		
15	13th + E NORTHWEST	NOON 1 KHAN DOCUMENTARY		8.30	RED LINE TO METRO CENTER
21	CEFC #123	FINANCIAL DISCLOSURE	19		
21	ROSA PARKS MIDDLE	STUDENT FORUM	10		
21	WIRE HARVEST, POTOMAC	MCPS PARENTS	22		
22	SILVER SPRING CIVIC CENTER	STATE OF BLACK MODO	20		
22	RM HIGH SCHOOL	MCABSE PROGRAM	16		
24	MAILBOX ROCKVILLE	MC BRE DIRECTION	20		
26	CEFC ROOM # 120	QUARTERLY CONVERSATION	19		
27	TPMS FAMILY SERVICE, CANNERSBURG	PRINCIPAL STAFF MEETING			
28	CEFC #123	ANNALS COMMITTEE	50		
	FAMILY SERVICES CANNERSBURG	PROGRAM GA			
	SPRING BRICK PARK - ROCKVILLE	CAREER DAY EVAL TEACHER	12 22		

Please transfer these totals to Front Side



Totals

320

14.20

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

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Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>MARCH</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
5	LEDOL'S COLESVILLE	MCPS CARDIAC	6		
5	EL ANSALAGO OLNEY	MCPS STAFF	6		
6	PANERA, ASPEN HILL	MCPS PARENT	12		
6	CEJC #127	INTERVENTION BRIEFING	19		
6	SPRINGBROOK HIGH SCHOOL	REGIONAL BASKETBALL	12		
7	PANERA, OLNEY	MCPS STAFF	6		
7	RM HIGH SCHOOL	MCPS PARENT, STUDENT	16		
7	SPRINGBROOK HIGH SCHOOL	REGIONAL BASKETBALL	12		

(continue on back)	Total This Page	89	00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	622	15.00	
	GRAND TOTAL	711	15.00	

Michael Durso Signature, Employee Date: 3/31/14  
[Signature] Signature, Principal/Supervisor Date: 4/14/14

APPROVED  
[Signature] Signature, Account Manager Date: 4/21/14  
 ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: MARCH - 2014 Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
10	COUNTY COUNCIL BUILDING	EDUCATION COMMITTEE	16		
10	MARYLAND AVE. GARAGE	PARKING		\$ 6.00	
10	CAPITOL CHEESE, TAKOMA PARK	MCPS PARENTS	24		
12	CEVC ROOM 123	MCPS STAFF	19		
13	CEVC ROOM 120	FISCAL MANGE. COMM	19		
13	COMCAST CENTER	MD STATE PEACOFFS	22		
14	BETHESDA MARRIOTT	ANNUAL SAFETY LUNCH.	22		
15	CEVC AUDITORIUM	NACCP PARENT COUNCIL	19		
17	PANERA, ASPEN HILL	MCPS TEACHER MEETING	11		
18	BLAKE HIGH SCHOOL	MEET WITH PRINCIPAL			
	PANERA @ FALLSGROVE	MCPS STAFF	26		
18	MANOR COUNTRY CLUB	AWARDS PROGRAM	15		
19	BOE OFFICE # 123	COMMUNICATION RETREAT	19		
19	TWAI FARM @ KING FARM	MCPS STAFF	20		
20	COUNTY COUNCIL GREAT SEVECA CREEK ES RM	HHS COMMITTEE PRINCIPAL VISIT CLUSTER			
	HIGH SCHOOL	MEETING	68		
21	CHESAPEAKE COLLEGE	MARE WORKSHOP	132		
21	BAY BRIDGE, ROUTE 50			\$ 6.00	
				\$ 6.00	\$ 12.00
		SIDE 2 →	432	12.00	
		SIDE 3 →	190	3.00	
Please transfer these totals to Front Side →			Totals	622	15.00






MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

March 25, 2014

MEMORANDUM

To: Mrs. Susan B. Chen, Controller  
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff



Subject: Check Request Payable to **MABE**

Please issue a check in the amount of **\$70.00** in payment of the attached invoice for one registration to attend the Maryland Ethics Seminar on March 21, 2014, hosted by the Maryland Association of Boards of Education.

Please charge the account number indicated.

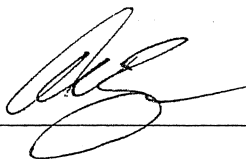
Mr. Michael Durso.....

Thank you.

IRI:rlg

Attachment

Approved



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# MD ASSOCIATION OF BOARDS OF EDUCATION

621 RIDGELY AVENUE #300  
ANNAPOLIS, MD 21401

Voice: 410 841 5414  
Fax: 410 841 6580  
www.mabe.org

# INVOICE

Invoice Number: 3/21 EthicsSmnr-Mtgm  
Invoice Date: Mar 20, 2014  
Page: 1

Duplicate

<b>Bill To:</b>
Montgomery Co Public Schls 850 Hungerford Drive Rockville, MD 20850

<b>Ship to:</b>
Montgomery Co Public Schls 850 Hungerford Drive Rockville, MD 20850

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
Montgomery Co P S		Net 10 Days	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
	Airborne		3/30/14

Quantity	Item	Description	Unit Price	Amount
		Registration for MD Ethics Seminar 3/21/2014 - Eastern Shore Session - Michael Durso		70.00

Subtotal	70.00
Sales Tax	
Total Invoice Amount	70.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>70.00</b>

Check/Credit Memo No:

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Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	NORTH WOOD HIGHT SCHOOL	JOHN BOONICK FORUM	20		
5	MCEA TAFT COURT	LEGISLATIVE BREAKFAST	12		
7	CESC ROOM 120	FISCAL MANAGE	19		
8	CESC SHADY GROVE RD	BOE MEETING - DRUG DISCUSS	27		
9	NORTH WOOD HIGHT SCHOOL	OLYMPICS PROGRAM	40		
10	ROCK CREEK FOREST ES	READING PROGRAM	24		
10	CESC BOARD ROOM	BUDGET HEARING	19		
11	UNIV. SHADY GROVE	JOINT BOARDS MEETING	22		
(continue on back)			Total This Page	183	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	287	3.50
			GRAND TOTAL	470	3.50
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Michael A Durso 1/31/13  
 Signature, Employee Date

[Signature] 2/19/13  
 Signature, Principal/Supervisor Date

APPROVED [Signature] 2/19/13  
 Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



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(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: FEBRUARY Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	FALLSGROVE	SAO			
	PARENT	COMMITTEE	21		
1	CESC	CELL BARGAIN.			
	BOARD ROOM	BRIEFING	19		
5	380	STAFF MEMBERS			
	HUNGERFORD	MEETING	16		
5	NEW FORTUNE	AREA			
	RESTAURANT	ANNUAL DINNER	23		
4	BELMONT	PRINCIPAL -			
	ELEMENTARY	PTA MEETING	12		
7	HAMILTON,	HOLDBAUST			
	WASH DC	MUSEUM SIN	36		
11	WHITE OAK	LETTER OF			
	MIDDLE	RECOMMEND.	10		
11	CLAY GRILLE,	MEET WITH			
	CLAY MD	MCPS TEACHERS	7		

(continue on back)	Total This Page	144		For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	190		
	GRAND TOTAL	334		

Signature, Employee: Michael A Durso Date: 2, 28, 13

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

APPROVED

Signature, Account Manager: [Signature] Date: 2, 11, 13

ACCOUNT NUMBER: [REDACTED]



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(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>MARCH</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	WHEATON WOODS ELEMENTARY	READING PROGRAM	12		<p>WELCOME TO ROCKVILLE TOWN SQUARE</p> <p>PLEASE KEEP THIS TICKET WITH YOU</p> <p>Entered/Arrived: 2013/03/04 17:13</p> <p>Ticket/Billet#: 273854242</p> <p>Dur/Duree: 0:00:00</p> <p>Paid On/Paye Le: 2013/03/04 17:13</p> <p>Paid/Paye: \$ 10.00</p> <p>Original Fee: \$ 10.00</p> <p>GST: \$ 0.00</p> <p>PST: \$ 0.00</p> <p>Change: \$ 0.00</p> <p>SC: \$ 0.00</p> <p>Merchant ID:</p>
2	PEOPLES COMM. CHURCH	FORUM ON JEWELS	2		
4	ROCKVILLE LIBRARY	STRATEGIC PLANNING	10		
4	ROCKVILLE PARKING LOT			10.00	
8	EDISON HIGH SCHOOL	CAFE EDISON	14		
11	FAINLAND ELEMENTARY	SUPE. BREAKFAST	10		
11	PARKER @ FALLS GROVE	SAD COMMITTEE	20		
11	BLAKE HIGH SCHOOL	COMMUNITY FORUM	2		

(continue on back)	Total This Page	76	10	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	178	3.50	
	GRAND TOTAL	254	13.50	

Rubal A Dap 3/31/13  
Signature, Employee Date

[Signature] 4/18/13  
Signature, Principal/Supervisor Date

APPROVED [Signature] 4/19/13  
Signature, Account Manager Date

**PAID**  
157

ACCOUNT NUMBER [REDACTED]







# 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 Michael Durso Work location CEESC, Room 123  
School/office name Board of Education

For the period: From February 28, 2013 To March 29, 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.)
03/05/2013	03/19/2013	\$84.94	Editorial Projects, Ed Week, Online	Subscription Renewal	03/30/2013	██████
Total		\$84.94				

### 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.

Michael K Durso  
Signature, Card Member

4/18/13  
Date

[Signature]  
Signature, Approving Official

8/29/13  
Date

# EDUCATION WEEK

PO Box 3005, Langhorne, PA 19047 www.edweek.org

## EARLY RENEWAL SAVINGS CERTIFICATE

Please reply by: 3/05/13

Renew my 1 year subscription (37 issues) for the discounted rate of only \$84.94.

I'll save an EXTRA \$5.00 by renewing early!

Please bill me.

Check enclosed (Payable to Education Week)

Charge My:  VISA  MC  AMEX

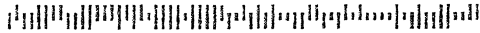
If you would like to receive future *Education Week* announcements, including renewal notification via e-mail, please provide your e-mail address here:

E-Mail: MICHAEL - A - DURSO

@ MOPSMD.ORG

Card No:

[REDACTED]



\*\*\*\*\*MIXED AADC 07099

MICHAEL DURSO

[REDACTED] MD [REDACTED] 7

Signature:

*Michael A Durso*

Exp. Date:

10-13

6  
EDWRI

000020755 5

E0410V

03708494000000000000000004

005

Detach and mail upper portion with your payment. Please make any address changes.

Dear Educator:

Your **EDUCATION WEEK** subscription is not due to expire for several months, but we would like to offer you a **discounted renewal price** if you renew early! Not having to send you costly renewal notices saves us time, money and natural resources and we're happy to pass the savings on to you. Renew your **EDUCATION WEEK** subscription now for the discounted price of just \$84.94 - that's only \$2.30 per issue, a savings of over 48% off the cover price\*. And you're saving an extra \$5.00 by acting today!

Renew your subscription for one year for the low price of \$84.94 and you will get:

- 37 information-packed issues of **EDUCATION WEEK** to help you stay ahead of your profession.
- 3 **EDUCATION WEEK** Annual reports - *Quality Counts*, *Technology Counts* and *Diplomas Count* - for the benchmarks you need to measure progress.
- Exclusive premium access to our award-winning website **EDWEEK.ORG**, where you can find up-to-the-minute education news, as well as research and topical information from our complete 30+ years of archives! Make sure you claim your access if you haven't already by registering at [www.edweek.org/go/claim](http://www.edweek.org/go/claim), and putting in your account #000020755 when prompted.
- Your weekly guide to the **best jobs in education**.
- And much more.

Act now to guarantee delivery of all the education news you need for the next 37 issues for the low price of \$84.94 - just \$2.30 per issue. Return the **EARLY RENEWAL SAVINGS CERTIFICATE** in the enclosed postage paid envelope today! Thank you for your continued patronage.

Sincerely,

*Virginia B. Edwards*

Virginia B. Edwards  
President & Editor

\* Savings based on cover price of \$164 for 37 issues.

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(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>APRIL</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	CEJC	LETTER			
	ROOM # 123	PICK-UP	19		
4	MINGROSEN	BRAVE-BOLD			
	NIGHT SCHOOL	COMMITTEE	12		
5	ROKES-BLAIN	SCHOOL			
	EASTERN MS	VISIT(S)	29		
8	COUNTY	EDUCATION			
	COUNCIL BUDG.	COMMITTEE	16		
8	COUNTY				
	COUNCIL BUDG.			6.00	
8	CEJC	PAN APPEAL			
	BOARD ROOM	HERRING	19		
9	MC	INLACADE			
	TIENKEN	MEMORIAL	19		
10	EDISON	HONOR SOCIETY			
	CEJC	STRATEGIC PLAN	35		
	COUNTY COUNCIL	BUDGET HEAR			
(continue on back)			Total This Page	149	6.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	309	11.00
			GRAND TOTAL	458	17.00
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Signature, Employee: Michael A Durso Date: 4/30/13

Signature, Principal/Supervisor: [Signature] Date: 5/16/13

Signature, Account Manager: [Signature] Date: 5/17/13

**PAID**  
875

APPROVED

ACCOUNT NUMBER [REDACTED]







# Corporate Purchasing Gardmember Report

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**MICHAEL DURSO**  
**MCPS MDTAX**

Account Number  
**XXXX-XXXX**

Closing Date  
**04/29/13**

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
84.94	84.94	0.00	84.94	0.00	<b>84.94</b>	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](http://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 \$
XXXX-XXXX		
04/11/13 CORPORATE REMITTANCE RECEIVED	04/11	-84.94
04/17/13 EDWEEK.ORG 0169 BETHESDA MD REF# 1366134234 800-445-8250 BUSINESS SERVICES ROC NUMBER 1366134234	04/16/13 13661342340	84.94
<b>Total for MICHAEL DURSO</b>	New Charges/Other Debits Payments/Other Credits	84.94 -84.94

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
**[REDACTED]**

Please enter account number on all correspondence.

**MICHAEL DURSO**  
**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.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <i>May</i> Use one form for each month.

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	PARKER	AD			
	SILVER SPRING	CANDIDATE	20		
1	NORTHWOOD	CLUSTEN			
	HIGH SCHOOL	MEETING	18		
3	GOSHEN	"READ"			
	ELEMENTARY	"ACCO"			
3	MAGRUDEN	"EVERLY"	32		
	HIGH SCHOOL	"MINUTES"			
2	COUNTY	EDUCATION			
	COUNCIL BLDG	COMMITTEE	16		
2	COUNTY				
	COUNCIL BLDG	PARKING		3.50	
6	SHERWOOD	BASEBALL			
	HIGH SCHOOL	VS. C-BALL	6		
(continue on back)			Total This Page	92	3.50
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	472	11.50
			GRAND TOTAL	564	15.00

GARAGE 59 COB  
100 MARYLAND AVENUE  
ROCKVILLE MD 20850  
Rcpt# 13919  
05/02/13 15:06 L# 1 A# 5 Txn#  
05/02/13 13:31 In 05/02/13 15:06  
Tkt# 625910  
CASH PAID \$ 3.50-  
THANK YOU

*Michael A Durso*  
Signature, Employee

*[Signature]*  
Signature, Principal/Supervisor

5/31/13  
Date

6/24/13  
Date

**PAID**  
333 66

APPROVED

*[Signature]*  
Signature, Account Manager

6/26/13  
Date

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: <i>MAY 2013</i>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
7	MID-COUNTY REC. CENTER	"EXCEL BEYOND BELL"	6		
8	OLNEY	OMBUDSMAN			
	PARENT	MEETING	6		
8	CESC	SERVICE			
	AUDITORIUM	AWARDS	19		
9	SPRINGBROOK	AWARDS			
	NIGHT SCHOOL	PROGRAM	12		
11	OLNEY	MCPS			
	PARENT	TEACHER	6		
13	JACKSON	SCHOOL			
	ROADS ES	DEDICATION	12		
13	CESC	FISCAL			
	#120	MANAGE.	19		
13	COUNTY COUNCIL BUILDING	PARKING		7.50	
13	ROCKVILLE	SPECIAL ED			
	NIGHT SCHOOL	AWARDS	12		
15	SEVEN LOCKS	CHURCHILL			
	ELEMENTARY	CLUSTER	29		
16	KENNEDY	STAFF			
	NIGHT SCHOOL	VISIT	10		
16	LEDOS @ COLESVILLE	MCPS STAFF MEETING	7		
16	VNU @ SHADY GROVE	LEADERSHIP PROGRAM	21		
17	MARBE	SPED			
	ANNAPOLIS	CONFERENCE	76		
17	LEDOS	MCPS STAFF			
	COLESVILLE	MEMBER	7		
17	ROCKVILLE	MEET			
	ROCKVILLE	NEW SMOB	21		
18	EAST COUNTY CENTER	TEEN FORUM	21		
20	SPRINGBROOK	SENIOR CLASS			
	NIGHT SCHOOL	OFFICERS	12		
20	MC ADMIN BUILDING	BOARD(S) DINNER	18		
			314	7.50	
			158	4.00	← PAGE 3
			Totals	11.50	

GARAGE 59 COB  
100 MARYLAND AVENUE  
ROCKVILLE MD 20850  
Rcpt# 14522  
05/13/13 15:56 L# 1 A# 2 Tyn#  
05/13/13 12:46 In 05/13/13 15:56  
Tkt# 628153  
CASH PAID \$ 7.50-  
THANK YOU

Please transfer these totals to Front Side



Totals

472 11.50





Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>JUNE</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	CESC	NANCP			
	AUDITORIUM	AWARDS	19		
5	CESC	LETTERS			
	BOE-OFFICE	FUN ESIGN	19		
6	ESIGN	COMPETITION			
	HIGH SCHOOL	LETTERS	12		
10	DAN	SPRINGBACK			
	CONSTITUTION	GRADUATION	36		
12	MR - MUSIC	GATEWAY			
	AUDITORIUM	GRADUATION	19		
13	ARCOLA	PROMOTION			
	ELEMENTARY	EXERCISE	16		
17	PANERA	MCPAS			
	SILVER SPRING	PARENT	20		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	141	00.	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	126	2:00	
	GRAND TOTAL	267	2:00	

Signature, Employee: Michael A Durso Date: 6/30/13  
 Signature, Principal/Supervisor: [Signature] Date: 7/1/13

APPROVED  
 Signature, Account Manager: [Signature] Date: 7/31/13  
 ACCOUNT NUMBER: [REDACTED]

**PAID**  
 1286





**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Prepared For  
**MICHAEL DURSO**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
06/28/13

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	0.00	0.00	0.00	84.94	<b>84.94</b>	CR 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](http://www.americanexpress.com/checkyourbill) or call Customer Service at 1-800-492-4920.

**Activity** Date reflects either transaction or posting date

Card Number	XXXX-XXXX [REDACTED]	Reference Code	Amount \$
06/02/13	ED WEEK 3012803100 MD REF# 01326893 CHARITABLE ORG 06/01/13 PROFESSIONAL SERVICE ROC NUMBER 01326893	01326893000	-84.94 Credit
<b>Total for MICHAEL DURSO</b>		New Charges/Other Debits Payments/Other Credits	0.00 -84.94

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
[REDACTED]

Please enter account number on all correspondence.

MICHAEL DURSO  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850

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





Division of Controller Office  
850 Hungerford Drive, Room 154  
Rockville, Maryland, 20850  
Billing@mcpsmd.org

**PAID**

# DEPOSIT SLIP

[Print Form](#)

[Reset Form](#)

**Requestor:**

**Department:** Board of Education

**School:**

**Contact Name:** Becky Gibson

**E-Mail:** Becky\_Gibson@mcpsmd.org

**Phone:** 301-279-3617

**Fax:** 301-279-3860

**Address:** CESC, Room 123

Cash  Check  Credit Card  Money Order

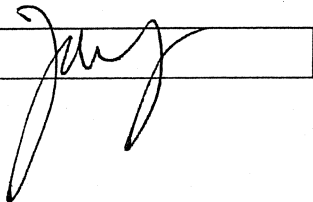
Request Date: June 4, 2013

Customer Signature

Deposit Type	FMS Account String	Purpose/Invoice Number	Amount
Check	[REDACTED]	Michael Durso Reimbursement to MCPS	\$743.80
		Spouse flight and guest fee for NSBA Conf.	

**Total** \$743.80

Receipts Confirmation for Customer Only

Received By: 

In the amount of \$743.80

Received Date 6/6/13

MICHAEL ANTHONY DURSO

3819

Date

4-18-13

Pay to the order of

MCPS

\$ 743.80

SEVEN HUNDRED FORTY-THREE AND

80/100  
Dollars



Memo

SAN DIEGO - RW3

Michael Durso

3819

NSBA Conference 2011  
Reimbursement  
Michael Durso

Flight \$ 694.80  
Guest Fees \$ 49.00  
Meals

Total \$ 743.80

Please make checks payable to MCPS

Redact ↑  
ACCT NO  
Address

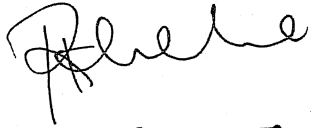
MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland


June 6, 2013

PAID  
JUNE 11 2013

MEMORANDUM

To: Mrs. Susan B. Chen, Controller  
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff 

Subject: Check Request Payable to Michael Durso, ID # 

Please issue a check in the amount of **\$1,564.89** in reimbursement of the attached receipts for lodging, meals, and transportation, while attending the NSBA Conference in San Diego and deposit check.

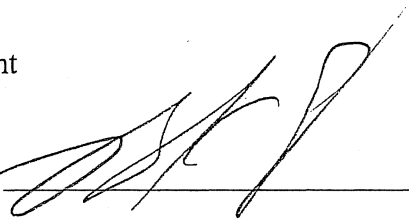
Please charge the account number for the Board Member indicated.

**Mr. Michael Durso**  
**Out of State Travel**..... 

Thank you.

IRI:rlg

Attachment

Approved   
\_\_\_\_\_



04/11/3 - 04/16/13 - Marriott San Diego Hotel and Marina  
Lodging while attending NSBA Conference



GUEST FOLIO

333 West Harbor Drive, San Diego, CA 92101 • 619.234.1500 • Marriott.com/SANDT

572 DURSO/MICHAEL 239.00 04/16/13 12:00 3537 26309  
 Room Name Rate Depart Time ACCT# GROUP  
 GK 04/11/13 14:17  
 Type Arrive Time  
 195

MRW#: [REDACTED]

Room Clerk Address Payment

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
04/11	MARKITCH	7730 572	30.00	
04/11	ROOM	572, 1	239.00	
04/11	TOT TX	572, 1	25.10	
04/11	CA FEE	572, 1	.20	
04/11	TMD FEE	572, 1	4.78	
04/12	TROLLEY	X2225541	72.00	
04/12	ROOM	572, 1	239.00	
04/12	TOT TX	572, 1	25.10	
04/12	CA FEE	572, 1	.20	
04/12	TMD FEE	572, 1	4.78	
04/13	MARKITCH	8933 572	48.00	
04/13	ROOM	572, 1	239.00	
04/13	TOT TX	572, 1	25.10	
04/13	CA FEE	572, 1	.20	
04/13	TMD FEE	572, 1	4.78	
04/14	MARKITCH	9680 572	26.84	
04/14	ROOM	572, 1	239.00	
04/14	TOT TX	572, 1	25.10	
04/14	CA FEE	572, 1	.20	
04/14	TMD FEE	572, 1	4.78	
04/15	MARKITCH	1375 572	55.00	
04/15	MARKITCH	1541 572	43.00	
04/15	ROYS RC	0058 572	110.00	
04/15	ROOM	572, 1	239.00	
04/15	TOT TX	572, 1	25.10	
04/15	CA FEE	572, 1	.20	
04/15	TMD FEE	572, 1	4.78	
04/16	VS CARD			\$1730.24

Room - 239.00 a night X 5 nights = 1,195.00  
 Tot Tx - 25.10 a night X 5 nights = 125.50  
 CA Fee - .20 a night X 5 nights = 1.00  
 TMD Fee - 4.78 a night X 5 nights = 23.90

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE DIAL 71996 FOR VOICE MAIL CHECK-OUT; OR UTILIZE VIDEO CHECK-OUT FOR AN UPDATED STATEMENT AT THE BELLSTAND.

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X \_\_\_\_\_

04/11/2013 - Taxi from San Diego Airport

04/11/2013 - Lunch while attending NSBA Conf.



(619) 280-5555  
sandiegosilvercab.com

**Fare Receipt**

Date: 4-11-13

Fare Amount: \$ 16.00

Passenger: MICHAEL DURSO

From: AIRPORT To: MARRIOTT

Cab #: 121 DBA: \_\_\_\_\_

Driver: MR. JAS RAMOS Sig.: JOR

Thank You for Your Business!

MTSTA-000029

Quiznos A-B Colours SP  
BWI Airport Baltimore MD

01 Diamond

1305 April '13 09:46A Gst

Sonoma Turkey 6.29

Ultimate Club No Mayo 6.89

Mustard

Cash 20.00

Subtotal 13.18

Sales Tax 0

Payment 13.18

Change Due 6.82

04/11/2013 - Dinner while attending NSBA Conf.

Thank You for choosing  
Great Food Quiznos  
Store # 0345

Order # 1993

& & & 404 & & &  
\*\*\*\*\* MARINA KITCHEN \*\*\*\*\*  
KEITH

37/1 7730 GST

R572

11APR '13 2:58PM

LAMB SLIDERS 13.00

COORS LGT 12.00

Sub-Total: 25.00

Tax 2.00

23 TOTAL DUE: \$27.00

PLEASE COMPLETE FOR ROOM CHARGE

TUITY 3.00

TOTAL 30.00

ROOM NUMBER 572

PAYMENT LAST NAME DURSO

SIGNATURE Michael Ramos

04/12/2013 - Breakfast while attending NSBA Conf.

& & & 413 & & &  
\*\*\*\*\* EXCHANGE \*\*\*\*\*  
23 NADEEN

2709 12APR '13 9:44AM

CHECK 5.75

2 PF SAND EGG/SSGE 11.50

1 1/2 BOTTLE WATER 3.00

Sub-Total: 14.50

Tax 1.16

Total: 15.66

CASH 50.00

Change Due 34.34

4123 CLOSED 12APR 9:45AM

04/13/2013 - Lunch while attending NSBA Conf.

04/14/2013 - Breakfast while attending NSBA Conf.

& & & 40^ & & &  
\*\*\*\* MARINA KITCHEN \*\*\*\*  
ROSALIE

121/1 8933 G  
572  
13APR'13 12:37PM

CHIKN SOUP 7.0  
1/2 SOUP COMBO 14.0  
CHICKEN NOODLE  
BURGER 13.5  
ICED TEA 3.0  
Sub-Total: 37.5  
Tax 3.0  
TOTAL DUE: \$40.50  
PLEASE COMPLETE FOR ROOM CHAI

7.50

TUITY

+ 48.00

TOTAL

ROOM NUMBER 572

PRINT LAST NAME DURVO

SIGNATURE

& & & 413 & & &

\*\*\*\*\* EXCHANGE \*\*\*\*\*  
4123 NADEEN

3313 14APR'13 8:22AM

CHECK

MUFFIN 5.90  
Sub-Total: 5.90  
Tax 0.47  
Total: 6.37  
CASH 50.00  
Change Due 43.63  
4123 CLOSED 14APR 8:22AM--

04/11/13 - 04/16/13 - BWI Airport Garage -  
Parking at airport while attending NSBA Conf.

B.W.I AIRPORT PARKING  
DAILY GARAGE  
MD PARKING

Rcpt#144976  
04/16/13 21:36 LH 5 AH135 Txn#  
04/11/13 09:03 In 04/16/13 21:36  
Tkt# 903181  
Daily \$ 68.40  
Total Tax \$ 3.60  
Total Fee \$ 72.00  
VISA CARD \$ 72.00-

04/14/2013 - Lunch while attending NSBA Conf.

& & & 404 & & &  
\*\*\*\* MARINA KITCHEN \*\*\*\*\*  
LESLIE

72/1 9680 GST  
14APR'13 1:21PM

TG FISH N CHIPS	16.00
TG COOKIES	4.00
SOFT DRINK	3.00
Sub-Total:	23.00
Tax	1.84
TOTAL DUE: \$	24.84

04/15/2013 - Lunch while attending NSBA Conf.

& & & 404 & & &  
\*\*\*\* MARINA KITCHEN \*\*\*\*\*  
ABE

101/1 1375 GST  
15APR'13 12:15PM

ED TEA	3.00
LY SOUP	7.00
CHI SANDWICH	16.50
SHRMP FETTUCINI	17.00
Sub-Total:	43.50
Tax	3.48
TOTAL DUE: \$	46.98

BE COMPLETE FOR ROOM CHARGES  
8.02

CITY  
#55.60

NUMBER #572  
LAST NAME DURIO  
SIGNATURE *Michael A Durio*

04/16/2013 - Taxi to San Diego Airport



(619) 280-5555  
sandiegosilvercab.com

Fare Receipt

Date: 4-15-13  
Fare Amount: \$ 15.00

Passenger: MICHAEL DURIO  
From: MARRIOTT To: AIRPORT  
Cab #: 73 DBA:  
Driver: MR. TEVFAJE Sig.: LLT

Thank You for Your Business!

MTSTA-000029

04/16/2013 - Lunch while attending NSBA Conf.

Artisan Cafe  
San Diego Airport

022 ROBERTO

Chk 4878 Apr16'13 12:01P Gst

TO GO	
1 ROAST BEEF	8.95
1 TURKEY SAND	8.95
Cash	20.00
FOOD 17.90	
TAX	1.43
TENDER	19.35
Change Due	0.65

Thank You.

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <i>July</i> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	CEIC BOARD ROOM	CLOSED-OPEN SESSIONS	19		
2	SUBWAY @ CLOVERLY	MEET WITH ANNAPOLIS STAFF	4	RECEIPT	K21
2	CEIC ROOM 123	CARRISSE FUN PRINTEN	19	ENTRY TIME:	07/10/13 16:53
8	GAITHERSBURG ELEMENTARY	CHINESE IMMERSION SS	26	EXIT TIME:	07/10/13 18:20
10	CEIC ROOM # 162	PRINCIPAL INTERNS	19	PARK-DUR.:	HRS:MIN 0:01:36
10	PANERA SILVER SPRING	MCPS PARENT MGT	20	AMOUNT:	\$ 2.00
10	WAYNE AVE. GARAGE	PARKING TERMINATION		KELLY	
15	CEIC BOARD ROOM	HEARING	19	CA:	
				2.00	
(continue on back)			Total This Page	120	2.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	359	8.00
			GRAND TOTAL	385	10.00
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

*Michael A Durso* Signature, Employee 7/31/13 Date  
*[Signature]* Signature, Principal/Supervisor 8/29/13 Date

**PAID**  
88759

APPROVED

*[Signature]* Signature, Account Manager 8/27/13 Date

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: *JULY - 2013* Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
15	TAKE IN	MCPs			WELCOME TO ROCKVILLE TOWN SQUARE PLEASE KEEP THIS TICKET WITH YOU Entered: 2013/07/18 13:00 Ticket#: 889569261 Dur: 2:05:50 Paid On: 2013/07/18 15:07 Paid \$ _____ Original fee \$ _____ Change \$ _____
	OLNEY, MD	STAFF	6		
17	EDINON	LEADERSHIP			
	HIGH SCHOOL	TEAM	10		
17	OLNEY'S	MCPs			
	COLUMBIA	STAFF	10		
18	ROCKVILLE	MEET WITH			
	TOWN SQUARE	MCPs TEACHER	10		
18	ROCKVILLE	PARKING			
	GARAGE			2.00	
19	PARENT	MCPs			
	ASPEN HILL	PARENT MTG	8		
22	COUNTY COUNCIL	EDUCATION			
	BUILDING	COMMITTEE	10		
22	COUNTY COUNCIL	PARKING			
	GARAGE			6.00	
22	MAIL BOX	MCPs STAFF -			GARAGE 59 CUR 100 MARYLAND AVENUE ROCKVILLE MD 20850 Rcpt# 19377 07/22/13 11:50 In 07/22/13 11:40 2 Time 59794 07/22/13 09:25 In 07/22/13 11:50 Out Tkt# 09:702 CASH PAID \$ 5.00- THANK YOU
	ROCKVILLE	PARENT	18		
23	CESC	BOARD SCS			
	BOARD ROOM	TRAINING	19		
24	CESC	FISCAL			
	Room #120	MANAGEMENT	19		
25	MABE	RESOLUTIONS			
	ANNAPOIS	COMMITTEE	76		
26	GAITHERSBURG	STARTALK			
	ELEMENTARY	PROGRAM	24		
30	LEDOKS	MCPs TEACHER			
	COLESVILLE	MEETING	6		
30	CESC	MCPs PANEL			
	Room #131	PREPARATION	19		
			Totals	259	8.00

Please transfer these totals to Front Side

⇒ Totals

259 8.00

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

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Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>AUGUST</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6	ROCKVILLE TOWN CENTER	MCAAP LUNCH W/ PRESIDENT	16		
7	BOWIE STATE COLLEGE	CENTER FOR SCHOOL SAFETY	38		
14	MCPS TRAINING FACILITY	SRO PANEL W/ MCPS STAFF	28		
19	CEC BOARD OFFICE	PICK UP LAP TOP	19		
22	FAIRLAND ES	"BACK TO SCHOOL" BREAKFAST	10		
22	MARYVALE ES	SCHOOL LAW CLASS	14		
24	MCPS PARKING LOT	"BACK TO SCHOOL" FAIR	19		
(continue on back)			Total This Page	144	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	35	3.50
			GRAND TOTAL	179	3.50
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Michael A Durso 8/31/13  
Signature, Employee Date

[Signature] 9/12/13  
Signature, Principal/Supervisor Date

**PAID**  
10/1/13

APPROVED  
[Signature] \_\_\_\_\_  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: *August 2013*

Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
29	County EXEC. BUILDING	ASAMS - SHORT			
29	GARAGE # 59 ROCKVILLE	BOYSCOUT MEET	16	3.50	
36	CESC OFFICES	BOARD MEETINGS	19		

GARAGE 59 COB  
 100 MARYLAND AVENUE  
 ROCKVILLE MD 20850  
 Rcpt# 21920  
 08/29/13 15:12 LN 1 AM 5 Txn# 68535  
 08/29/13 13:29 In 08/29/13 15:12 Out  
 Tkt# 106534  
 CASH PAID \$ 3.50-  
 THANK YOU  
 HAVE A SAFE TRIP

Please transfer these totals to Front Side

⇒

Totals

*35*

*3.50*



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>SEPTEMBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
2	PANERA @ FALLS GROVE	SRO COMMITTEE	22		
4	CEVC BOARD ROOM	QUARTERLY CONVERSATION	19		
9	CEVC ROOM # 120	FISCAL MANAGEMENT	19		
11	BAIKEN MIDDLE	FLAG RAISING CEREMONY	36		
13	MAGE, ANNAPOLIS	SECURITY DIRECTIONS	76		
16	PAINE BRANCH HIGH SCHOOL	STADIUM OPENING	14		
17	FUSION CTR. BALT. COUNTY	INTERVIEW PANEL	56		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	242		For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	156	8.00	
	GRAND TOTAL	398	8.00	

Signature, Employee: Michael A Durso Date: 9/30/13  
 Signature, Principall Supervisor: [Signature] Date: 10/10/13

APPROVED  
 Signature, Account Manager: [Signature] Date: 10/14/13

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: **SEPTEMBER 2013** Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
19	WILSON HS-DC ROOM # 313	AV GRADUATE CLANS	30		<p>WELCOME TO ROCKVILLE TOWN SQUARE</p> <p>PLEASE KEEP THIS TICKET WITH YOU</p> <p>Entered: 2013/09/25 08:37</p> <p>Ticket#: 157317687 Dur: 5:32:16 Paid On: 2013/09/25 14:18</p> <p>Paid:\$ 7.00 Original Fee:\$ 7.00 Change:\$ 0.00</p> <p>SC:\$ 0.00</p>
21	CESC AUDITORIUM	NAACP PARENT COUNCIL	19		
23	CESC ROOM # 120	BELL TIMES BRIEFING	19		
24	ZEN, BUXTONSVILLE	MCPS STAFF	11		
25	ROCKVILLE LIBRARY	STAFF EVALUATION	16		
25	ROCKVILLE TOWN SQUARE			7.00	
25	PARENT SILVER SPRING	MCPS CANDIDATE	20		
25	WAYNE AVE. GARAGE			1.00	
26	CESC SUPE. OFFICE	BOE - STAFF DISCUSSION	19		
30	MAMA LUCIA'S, OLNEY	MCPS STAFF	6		
30	STARBUCKS WINTERGREEN	MCPS STAFF	10		
					<p>WHITE ... RECEIPT K21</p> <p>ENTRY TIME: 09/25/13 17:01</p> <p>EXIT TIME: 09/25/13 18:14</p> <p>PARK-DUR.: HRS:MIN 0:00:53</p> <p>AMOUNT:</p>

Please transfer these totals to Front Side



Totals

156

+ 8.00

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>OCTOBER</u> Use one of ROCKVILLE TOWN SQUARE

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking	
				Amount	
1	ROCKVILLE LIBRARY	BOARD SELF-EVALUATION	16		
1	ROCKVILLE TOWN SQUARE	PARKING		7.60	
2	OCEAN CITY, MARYLAND	MARE CONFERENCE	160 <del>160</del>		
2	BAW BRIDGE, ROUTE 50	TOLL		6.10	
3-4	CANTON HOTEL, OCEAN CITY	CONFERENCE (3 TRIPS)	9		
4	HOME TO SILVER SPRING	FROM MARE CONFERENCE	160 <del>160</del>		
7	RM HIGH SCHOOL	ALCOHOL-DRUG FORUM	16		

PLEASE KEEP THIS TICKET WITH YOU

Entered: 2013/10/01 08:52  
 Ticket#: 157836867  
 Dur: 4:38:58  
 Paid On: 2013/10/01 13:32  
 Paid: \$ 7.00  
 Original fee: \$ 7.00  
 EZ-PASS

*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	361	13.00	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
	Total Reverse Page	558	6.60	
	GRAND TOTAL	919	19.60	

Michael A Durso 10/31/13  
 Signature, Employee Date  
[Signature] 11/8/13  
 Signature, Principal/Supervisor Date

APPROVED  
[Signature] 11/12/13  
 Signature, Account Manager Date  
 ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: OCTOBER 2013

Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
10	PANERA	SAB			
	FALLS GROVE	COMMITTEE			
1	MCRS	CHIEF MARGEN			
	HEADQUARTERS	MEETING	25		
10	MAGNUSON	BRAVE-BOLD			
	HIGH SCHOOL	COMMITTEE	12		
11	MARTIN'S WEST,	STATE TEACHER			
	BALTIMORE	OF THE YEAR	54		
12	PRANKEN CTR,	ENT COUNCIL			
	BURTONSVILLE	ADVISORY Bd	12		
14	FIRST WATCH,	BCE MEMBERS			
	ROCKVILLE	MEETING	16		
14	LEDO'S OF	MCRS STAFF			
	COLESVILLE	MEMBER	6		
15	FUSION CENTER,	DIRECTOR			
	WOODLAWN	INTERVIEWS	55		
15	CESC	BCE-MCET			
	AUDITORIUM	MEETING	19		
16	CESC	JURY			
	ROOM # 120	EVALUATION	19		
17	POOLESVILLE	STUDENT			
	HIGH SCHOOL	FORUM	54		
17	CESC #120,	AGENDA SETTING			
	AUDITORIUM	PLAN. BOARD	19		
22	SLIGO MS	GBTLA OPENING			
	CESC	PAN-SEIU	28		
24	COUNTY COUNCIL	EDUC. COMM			
✓	COUSEN BULL	MCRSRA LUNCH			
✓	PANERA TECH RD	MCRS STAFF			
✓	CESC	MCCPTA	68		
24	ROCKVILLE				
	GARAGE	PARKING		6.00	
25	PERSONNEL	ASA			
	45 W. BOSE	MEMBERS	16		
28	SOUTH LAKE	LUNCH AND			
	ELEMENTARY	VISIT			
1	EWING CTR,	TOWN AND			
	ROCKVILLE	DISCUSSION	31		
28	MANCHBOX	MCRS			
	ROCKVILLE	STAFF	18		
			Totals	4.50	6.00

GARAGE 59 00B  
 100 MARYLAND AVENUE  
 ROCKVILLE MD 20850  
 #017 25368  
 10/24/13 12:39 LH 1 AM 5 TWH 92062  
 10/23/13 09:43 In 10/24/13 12:39 Out  
 TR# 146404  
 CASH P-D 6.00-  
 THANK YOU



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last)	(First) (Middle)	Board of Education
Durso	Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street)	(Apt. No.)	Job Title Board Member
[REDACTED]	[REDACTED]	Submitted for Month of: <u>NOVEMBER</u>
(City)	(State) (ZIP Code)	Use one form for each month
[REDACTED]	Maryland [REDACTED]	

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	NARVAZ @ BERTONSVILLE	MCPS STAFF	11		
6	FIRST WATCH, ROCKVILLE	DR. STATMAN MEETING	14		
7	COUNTY COUNCIL BUILDING	MCSE BRIEFING	16		
7	COUNTY GARAGE			6.00	
8	FIRST WATCH, ROCKVILLE	RACHEL BOXMAN, DRUG CONSULT.	16		
8	CEVC ROOM 123	INNOVATION BRIEFING	19		
11	STATIMORE MUSIC HALL	STATE OF SCHOOLS	22		
11	PARERA, TECH ROAD	DR. NARVAZ MEETING	20		

(continue on back)	Total This Page	120	6.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	197		
	GRAND TOTAL	317	6.00	

Signature, Employee: Michael A Durso Date: 11/30/13

Signature, Principal/Supervisor: [Signature] Date: 12/11/13

APPROVED

Signature, Account Manager: [Signature] Date: 12/13/13

ACCOUNT NUMBER: [REDACTED]

Submitted For Month Of: <u>NOVEMBER - 2013</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
11	CEFC AUDITORIUM	BOUNDARIES - FACILITIES	19		
13	SENECA VALLEY HIGH SCHOOL	DELEGATION MEETING	↓		
13	GAITHERSBURG HIGH SCHOOL	WELLES CENTER			
13	CEFC, ROOM 127	BROCHURES, L. STEINBERG		38	
14	EASTERN MIDDLE	SPWENT INTERVIEW	18		
18	CEFC BOARD ROOM	BOUNDARY - FACILITIES	19		
19	CEFC ROOM 120	QUARTERLY CONVERSATION	19		
19	PRINE BRANCH HS	PTSA LEGS FORUM	14		
20	SPRINGBRICK HIGH SCHOOL	WORK SPWENT CLASS	12		
21	BLAIN HIGH SCHOOL	COMMUNITY FORUM	18		
22	EASTERN MIDDLE	PRINCIPAL MEETING	18		
25	LOISERMAN MIDDLE	TOWN HALL FORUM	14		
27	BOSTON MARKET (ASPEN HILL)	MCPS STAFF	8		
			Totals	197	/

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last)	(First) Michael	(Middle)
Durso		No. Miles to and from Home and Base Location 19
Address (Street No.)	(Street)	(Apt. No.)
[REDACTED]		
(City)	(State) Maryland	(ZIP Code)
[REDACTED]		
Submitted for Month of: <u>DECEMBER</u>		Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
2	RUBY TUESDAY 168-32	MEETING MCPS STAFF	20		ROCKVILLE TOWN SQUARE
2	CEEC ROOM 121	SUPR. STAFF MEETING	19		PLEASE KEEP THIS TICKET WITH YOU
3	CEEC ROOM 120	NEGOTIATION UPDATE	19		Entered: 2013/12/11 11:57
4	BLAKE HIGH SCHOOL	"WE THE PEOPLE"	2		Ticket#: 163982372 Dur: 3:05:48 Paid On: 2013/12/11 15:03
9	7125 AMBASSADOR ROAD - BALT. CITY	SCHOOL SAFETY	56		Paid: \$ 2.00 Original Fee: \$ 2.00
11	FIRST WATCH ROCKVILLE	MCPS PARENTS MEETING	16		
11	ROCKVILLE TOWN SQUARE	PARKING		\$	
12	SHERWOOD HIGH SCHOOL	SCHOOL NEWSPAPER	8		
		INTERVIEW			
(continue on back)			Total This Page	140	2.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	195	
			GRAND TOTAL	335	2.00

Michael A Durso 12/31/13  
 Signature, Employee Date

[Signature] 1/14/14  
 Signature, Principal/Supervisor Date

[Signature] 1/14/14  
 Signature, Account Manager Date

191.38

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>January</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	CESC AUDITORIUM	MGE FORUM	19		
5	FRIDAYS @ TECH ROAD	CONSTITUENT MEETING	16		
5	EDISON HIGH SCHOOL	SCHOOL VISIT	16		
6	MARBLE ANNAPOLIS	MD SECURITY DIRECTORS	80		
7	MCER TAFT COURT	LEGISLATIVE BREAKFAST	14		
9	CESC #120	FISCAL MANAGE.	19		
11	ROK CREEK FOREL ES	*READING ROCKS*	22		
(continue on back)			Total This Page	1180	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	254	17.00
			GRAND TOTAL	440	17.00

For Accounting Use Only

\_\_\_\_\_ miles @ \_\_\_\_\_  
 Other \_\_\_\_\_  
 Pay \_\_\_\_\_

Michael A Durso Signature, Employee Date 1/31/12  
[Signature] Signature, Principal/Supervisor Date 2/8/12  
[Signature] Signature, Account Manager Date 2/9/12

APPROVED

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: <u>JANUARY 2011</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
11	GICKFORD TERT	MINOR			
	BELLEVILLE	CONTRACTING	26		
11	CESC	BUDGET			
	AUDITORIUM	HEARINGS	19		
13	EINSTEIN	MEET WITH			
	HIGH SCHOOL	PRINCIPAL - RT	20		
16	MARRIOTT	MLK			
	UNITE FLINT	BREKFAST	21		
17	PANERA @	SRO			
	FALLSGROVE	COMMITTEE	22		
17	COUNTY	CC - BOE			
	COUNCIL BLDG	LUNCH	19		
17	COUNTY				
	COUNCIL BLDG			3.50	#1
18	CESC	STRATEGIC			
	Room #126	PLANNING	19		
23	County Council	MEET WITH			
	BUILDING	R. BERLINEN	16		
23	County Council				
	BUILDING			3.50	#2
24	EXECUTIVE	LEGGETT -			
	OFFICE BLDG	MANGEN MFG.	16		
24	EXECUTIVE				
	OFFICE BLDG				
25	CESC	BUDGET			
	AUDITORIUM	HEARINGS	16		
26	CESC	BUDGET			
	AUDITORIUM	HEARINGS	16		
28	WESTFIELD @	EVA MENDEZ			
	WHEATON	UNIVERSITY	20	1.00	#3
30	ROCKVILLE	SUPERINTENDENT			
	LIBRARY	EVALUATION	16		
30	ROCKVILLE				
	LIBRARY				
WELCOME TO ROCKVILLE TOWN SQUARE			1-30		
PLEASE KEEP THIS TICKET WITH YOU			BASKETBALL @ SHERWOODS	8	
Entered/Arrivee: 2012/01/30 08:27				9.00	#4
Ticket/Billet#: 136753768 Dur/Duree: 7:48:48 Paid On/Paye Le: 2012/01/30 16:18					
Paid/Paye: \$ 0.00			⇒ Totals	254	17.00
Original Fee: \$ 9.00					

GARAGE 59 COB  
100 MARYLAND AVENUE  
ROCKVILLE, MD 20850  
Rcpt# 31  
01/17/12 13:49 L# 1 AM 3 Txn# 216  
01/17/12 11:40 In 01/17/12 13:49 Out  
CASH PAID \$ 3.50-  
THANK YOU  
HAVE A SAFE TRIP

GARAGE 59 COB  
100 MARYLAND AVENUE  
ROCKVILLE, MD 20850  
Rcpt# 205  
01/23/12 11:40 L# 1 AM 2 Txn# 1358  
01/23/12 09:18 In 01/23/12 11:40 Out  
TKT# 084068  
CASH PAID \$ 3.50-  
THANK YOU  
HAVE A SAFE TRIP

GARAGE 59 COB  
100 MARYLAND AVENUE  
ROCKVILLE, MD 20850  
Rcpt# 273  
01/24/12 15:53 L# 1 AM 3 Txn# 1810  
01/24/12 14:14 In 01/24/12 15:53 Out  
TKT# 084555  
CASH PAID \$ 1.00-  
THANK YOU  
HAVE A SAFE TRIP

January 2012

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

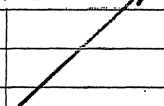
MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: FEBRUARY Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	CEVC #120	COMMUNICATION COMMITTEE	19		
1	SPRINGBROOK NIGHT SCHOOL	BASKETBALL VS. PAINE BROOK	12		
3	GREEN TUNNEL, CLARY	CONSTITUENT MEETING	8		
4	SILVER SPRING CIVIC CENTER	BULLYING SYMPOSIUM	20		
6	COUNTY COUNCIL BUILDING	MEET WITH COUNCIL MEMBER	16		
6	COUNTY COUNCIL BUILDING			1.00	
6	MONTGOMERY COLLEGE	BOARDS OF TRUSTEES	18		
7	CEVC - WOOTTON HS	AD HOC COMM. SCHOOL FORUM	31		
(continue on back)			Total This Page	124	1.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	219	2.20
			GRAND TOTAL	343	3.00

GARAGE 59 COB  
100 MARYLAND AVENUE  
ROCKVILLE, MD 20850  
Rcpt# 681  
02/06/12 12:35 LH 1 AM 2 Txn# 4270  
02/06/12 11:23 In 02/06/12 12:35 Out  
TK# 087051  
CASH PAID \$ 1.00-  
THANK YOU



*Michael A Durso*  
Signature, Employee

2/29/12  
Date

*[Signature]*  
Signature, Principal/Supervisor

3/9/12  
Date

19332

APPROVED

*[Signature]*  
Signature, Account Manager

3/9/12  
Date

ACCOUNT NUMBER [REDACTED]



Handwritten initials and circled number 1.

**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. 0000 [REDACTED]	Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last) Durso (First) Michael (Middle)	Board of Education
No. Miles to and from Home and Base Location 19 MILES	
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: March

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking Amount	Notes
1	COUNTY COUNCIL BUILDING	SAC COMMITTEE MEETING	16		
1	COUNTY COUNCIL BUILDING			1.00	
1	LAYTONSVILLE ELEMENTARY	READING SEMINAR	20		
2	BELMONT ELEMENTARY	DR. VEVIS PROGRAM	16		
2	PANAMA SILVER SPRING	MEET WITH PARENT	20		
2	WAYNE AVE. GARAGE			2.25	
3	SPRINGBROOK HIGH SCHOOL	REGIONAL BASKETBALL	12		
6	CHABWICKS WASHINGTON HWY DC	MEET WITH COLLEAGUE	20		

GARAGE 59 DOB  
100 MARYLAND AVENUE #1  
ROCKVILLE, MD 20850  
RPT# 1594  
03/01/12 12:34 LH 1 AN 5  
03/01/12 10:35 In 03/01/12  
TRM 092766  
CASH PAID \$ 1.00  
THANK YOU  
  
IPI K21 #2  
  
CY TIME: 03/02/12 11:16  
EXIT TIME: 03/02/12 14:00  
PARK DUR.: HRS:MIN  
0:02:44

(continue on back)	Total This Page	104	3.25	For Accounting This Day
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	317	16.50	Other: _____
	GRAND TOTAL PAGES	68		Per: _____

Signature, Employee: Michael Durso Date: 3/12/12

Signature, Principal/Supervisor: [Signature] Date: 4/16/12

Signature, Account Manager: [Signature] Date: 4/18/12

290.15

APPROVED

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: <u>MARCH 2012</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
6	CHADWICKS, VA. DC			8.00	
7	MEET WITH @ COLESVILLE	MEET WITH STAFF MEMBER	8		Chevy Cruze #3 Parking Garage Operated By MarcParc 5335 Wisconsin Ave. Washington D.C. 20015 Tel. 202 966 5111  Computer Number: 4 Entry Time: 3/6/2012 5:27 PM Exit Time: 3/6/2012 8:11 PM Duration: 2h 44m Employee: tsehay Receipt #: 000000000304004 -resettable tr #: 403852  Ticket #: 3882 Ticket Number: 11879  Regular Rate \$ Total: Entry Time: 03/08/12 16:17 Exit Time: 03/08/12 18:30 Park-Dur.: HRS:MIN 0:02:01 Amount:  Receipt # 2353 03/19/12 11:13 L# 1 Am 2 Txn# 1551 03/19/12 09:28 In 03/19/12 11:13 Out Tkt# 99703: CASH PAID \$ 1.00 THANK YOU
7	CEVC BOARD ROOM	APPEAL - GRAD ARGUMENT	19		
8	FAYIA COAST, SILVER SPRING	COLLEAGUE MEETING	20		
8	PANELA SILVER SPRING	AN STUDENT INTERVIEW	22		
8	BLAKE NIGHT SCHOOL	CLUSTER MEETING	4		
8	WAYNE AVE GARAGE			1.50	
9	RACHEL CARSON- BETH. MANNIX	REPS. PROGRAM POLICE LUNCH	36		
10	1800 RUPPERT ROAD, SIL. SP.	KM RADIO INTERVIEW	15		
12	EINSTEIN HS- CEVC #120	COUNSELOR MEET. FISCAL MAN.	28		
14	CEVC BOARD ROOM	AS HQ COMMITTEE	19		
16	BETHESA MANNIX	INTERFAITH BREAKFAST	20		
17	COUNTY COUNCIL CAFETERIA	NAACP PARENT COUNCIL	16		
19	COUNTY COUNCIL 7th Floor	EDUCATION COMMITTEE	16		
19	COUNTY COUNCIL GARAGE			1.00	
20	CEVC ROOM # 120	POLICY COMMITTEE	19		
20	RIDER WOOD COMMUNITY	SCHOLARSHIP PROGRAM	16		
21	CEVC ROOM # 120	STRATEGIC PLANNING	16		
22	W.V NIGHT SCHOOL	MUSEUM PROJECT	24		
22	CEVC CAFETERIA	AFTER PROM COMMITTEE	19		
Please transfer these totals to Front Side			Totals	317	10.50

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation	
				Amount	Item
27	FAIRLAND	BUILDING			
	ELEMENTARY	INSPECTION	10		
28	EDISON TOWN	CAFÉ EDISON			
	HIGH SCHOOL	LUNCH	11		
28	SANDY SPRING	SEGREGATION			
	MUSEUM	DOCUMENTARY	6		
29	BELMONT	LITERACY			
	ELEMENTARY	INSPECTION	12		
30	DESC	SLP			
	ROOM 123	MEETING	19		
30	HARRISON	BUILDING			
	HILLS ES	INSPECTION	10		
(continue on back)			Total This Page	68	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL		
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Per _____	

3



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>APRIL</u> Use one form for each month.

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3	PANELA ADREN HILL	MEET WITH MCPS STAFF	12		
4	PANELA SILVER SPRING	MEET WITH MCPS STAFF	18		
5	CENC, JEQUINIA	13 PICTURE, ROOM 131	19		
6	CHIC-FIELD, TECH ROAD	MEET WITH MCPS STAFF	12		
9	PANELA, FALLS GROVE	SAD COMMITTEE	22		
16	CENC ROOM 120	SPECIAL POPULATIONS	19		
18	SPRINGBROOK HIGH SCHOOL	CLUSTER MEETING	12		
(continue on back)			Total This Page	114	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	172	
			GRAND TOTAL	286	
				For Accounting Use Only Miles @ Rate 16.25	

Signature, Employee <u>Michael A Durso</u>	Date 4.30.12
Signature, Principal/Supervisor <u>[Signature]</u>	Date 5.16.12
<input checked="" type="checkbox"/> APPROVED Signature, Account Manager <u>[Signature]</u>	Date 5.16.12
ACCOUNT NUMBER [REDACTED]	

Submitted For Month Of: **APRIL - 2018** Parking Totals

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking Totals					
19	HUDERMAN MIDDLE	PRINCIPAL MEETING	10						
20	COUNCIL COUNCIL #7	SAFETY COMMITTEE	10						
20	COUNCIL COUNCIL	STORAGE		1.00					
23	CEFC GAREENA	CARLIN MEMORIAL	19						
23	UNION BLENCH	MEPS STAFF	6						
23	COLONIAL @ ROCKVILLE			1.50					
[REDACTED SECTION]									
					25	CEFC #120	STRATEGIC PLANNING	19	
					25	MEDIMMUNE, GAINERS BUNG	CHAMPIONS FOR CHILDREN	20	
					26	CABIN JOHN MIDDLE SCHOOL	SCHOOL JEDICATION	28	
					27	SHELVING HS EDINBURG HS	"15 MINUTES" AWARDS PRO.	24	
					28	CRESTHAVEN ELEMENTARY	JEDICATION CEREMONY	18	
↓ ↓ Totals     178     2.50									

GAROF 52 COH  
 103 W. ...  
 RECEIVED  
 04/23/18  
 04/20/18 13:56  
 TRAIL 030208  
 CASH PAID \$ 1.00

# 2

Please transfer these totals to Front Side



Totals

178 2.50

1

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last) (First) (Middle) Durso Michael	Board of Education No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>MAY</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	COUNTY COUNCIL BUILDING	GO COMMITTEE	16		
1	COUNTY COUNCIL GARAGE			3.50	
3	MCRAP E. GORE DRIVE	PRESIDENT MEETING	16		
3	JAMACOUS HIGH SCHOOL	COMMUNITY MEETING	34		
5	FILLMORE MUSIC CENTER	ROCK-N-SOUL REVIEW	20		
6	PANERA @ ASPEN HILL	MEET WITH STAFF MEMBERS	10		
6	WILSON CE N. BETHESDA	NARCP DINNER	20		
7	SEAFORDS J2 RICK PIKE	ADMIN. SEC LUNCHEON	18		

#1

PAID  
MAY 15 2012

5/15/12 15:40

(continue on back)	Total This Page	134	3.50	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	460	18.00	
	GRAND TOTAL	594	21.50	

\*APPROPRIATE RECEIPTS MUST BE ATTACHED

Michael Durso 5/31/12  
Signature, Employee Date

[Signature] 6/7/12  
Signature, Principal/Supervisor Date

[Signature] 6/7/12  
Signature, Account Manager Date

PAID

APPROVED

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: May - 2012 Parking, Tolls, Public Transportation

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
8	WASH. POST	DISTINGUISHED			
	W & L STS	PRINCIPALS	34		
8	1125 15th				
	WASH. DC	→		12.00	
9	COPPER CANYON	MEET WITH			
	RIO-GAHT	STAFF MEMBER	25		
10	CATHENBURG	"TEACHER			
	HIGHT SCHOOL	FUN A DAY"	25		
10	SPRINGBROOK	AWARDS			
	HIGHT SCHOOL	PROGRAM	12		
11	PARENA	SNO			
	FALLS GROVE	COMMITTEE	20		
14	CESC	FISCAL			
	ROOM 120	MANAGEMENT	19		
14	PARENA @	FINANCIAL			
	ASPEN HILL	LITERACY TEAM	12		
14	POOLESVILLE	COUNCIL			
	HIGHT SCHOOL	MEETING	50		
15	JACKSON ROAD	BUILDING			
	ELEMENTARY	INSPECTION	10		
16	COUNTY COUNCIL	EDUCATION			
	BUILDING	COMMITTEE	16		
16	COUNTY COUNCIL				
	BUILDING	→		6.00	
16	CESC	DRUG-ALCOHOL			
	AUDITORIUM	FORUM	19		
17	EINSTEIN	MEET WITH			
	HIGHT SCHOOL	STAFF MEMBER	15		
19	COUNTY COUNCIL	AAARP			
	BUILDING	PARENTS	16		
22	JHU @	SLP			
	SHAWN GROVE	GRADUATION	24		
23	PARENA @	POTENTIAL			
	TECH ROAD	MCAS COUNSELOR	16		
24	FLOWEN	CONGRESSIONAL			
	VALLEY ES	HEARING	14		
25	CESC	COMMUNICATION			
	CONF. ROOM	COMMITTEE	19		

THIS CAR IS STORED SUBJECT TO THE FOLLOWING CONDITIONS  
 1. No auto will be delivered without presenting this check.  
 2. The management is not responsible for articles left in auto of trunk or for mechanical failures.  
 3. The management is not liable for damage resulting from fire or theft. Not responsible for painted bumpers.  
 4. Any claim must be reported before leaving the premises and a written report made to the manager.

**PARKING CONTRACT**  
 Tag # & State K26 112.00  
 1125 15th STREET, NW  
 LOCATION # 562

No Car Delivered Without This  
 CLAIM CHECK  
 03-240

# 3

Please transfer these totals to Front Side → Totals 346 18.00

PAGE 3

114

3

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
29	MAGNUSON	GRADUATION BUS		↓	
	HIGH SCHOOL	FUN DSN	10		
29	CESC	HISPANIC			
	AUDITORIUM	SCHOLARS	19		
30	CANNON ROAD	WALK THRU			
	ELEMENTARY	INSPECTION	6		
30	GREEN CANYON	OPERA			
	ELEMENTARY	PROGRAM	16		
30	CESC	PICK UP			
	BOE OFFICE	CERTIFICATE	19		
31	BROAD	MENTON			
	ACRES ES	RECOGNITION	18		
31	GOLDEN BULL	BOE			
	GAITHERSBURG	PRESENTATION	26		
(continue on back)		Total This Page	114	0	\$0.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED		Total Reverse Page		0	\$0.00
		GRAND TOTAL	114	0	\$0.00

**For Accounting Use Only**  
 \_\_\_\_\_ miles @ \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Pay: \_\_\_\_\_

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: JUNE Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	SPRINGBROOK HIGH SCHOOL	BUS TO DAN CONSTITUTION	12		
2	PANERA, TECH ROAD	TEACHER CANDIDATE	14		
2	SPRINGBROOK HIGH SCHOOL	FUND RAISER, JAMONAE BROOKS	12		
3	WHITMAN HIGH SCHOOL	MARCO MEMORIAL	36		
4	MAGADEN HIGH SCHOOL	"BRAVE-BOWD" MEETING	12		
4	BESC ROOM # 120	STRATEGIC PLANNING	19		
6	BETHESDA MARRIOTT	CHAMBER OF COMMERCE	20		
7	WILTON HIGH SCHOOL	RETIREMENT PROGRAM	22		
(continue on back)			Total This Page	147	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	188	1.50
			GRAND TOTAL	335	1.50
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Michael Durso 6/30/12  
 Signature, Employee Date

[Signature] 7/19/12  
 Signature, Principal/Supervisor Date

**PAID**  
 18773

APPROVED [Signature] 7/23/12  
 Signature, Account Manager Date

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: JULY Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6	CESC	LEAVE COPY			
	BUE OFFICE	MATERIALS	19		
8	CESC	PICK UP			
	BUE OFFICE	COPIES	19		
19	8787	PLANNING			
	GEORGIA AVE.	BOARD DINNER	21		
23	BUFFALO	AD			
	WINGS- CLOVERLY	MEETING	6		
24	COUNTY COUNCIL	BUE - COUNCIL			
	MEETING	LUNCH	16		
24	COUNTY COUNCIL			\$ 3.50	
	PARKING				
25	RM	BUE -			
	HIGH SCHOOL	CORE VALUES	16		

GARAGE 59 CDB  
 100 MARYLAND AVENUE  
 ROCKVILLE, MD 20850  
 Rcpt# 9675  
 07/24/12 13:43 LN 1 AM 3 Txn#  
 07/24/12 12:18 In 07/24/12 13:43  
 TRF# 005731  
 CASH PAID \$ 3.50-  
 THANK YOU  
 HAVE A SAFE TRIP

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	97	3.50	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	102		
	GRAND TOTAL	199	3.50	

Signature, Employee: Michael A Durso Date: 7/31/12  
 Signature, Principal/Supervisor: [Signature] Date: 8/29/12  
 11395

APPROVED  
 Signature, Account Manager: [Signature] Date: 8/30/12

ACCOUNT NUMBER [REDACTED]



Submitted For Month Of: JULY 2012

Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
27	PARK @ FALLS GROVE	SNO COMMITTEE	22		
31	MABE, ANNAPOLIS	RESOLUTIONS COMMITTEE	40		
31	HOME - SILVER SPRING	RETURN TRIP FROM MABE	40		

Please transfer these totals to Front Side



Totals

102

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>AUGUST</u> Use one form for each month.

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	
3	BRANNE SCHOLL, SILVER SPRING	MEETING WITH AD	8		
7	FALLS GROVE PANERA	MEET WITH BOE PRESIDENT	21		
8	BOSTON MARKET, ASPEN HILL	MEETING ON CAREEN ES.	10		
9	RM HIGH SCHOOL	SUMMER SCHOOL GRADUATION	16		
14	OLNEY OLE HOUSE	HS PRINCIPALS MEETING	6		
15	OLNEY PANERA	MEET WITH OMBUSSMAN	6		
15	SILVER SPRING PANERA	MEET WITH CU PROFESSOR	20		
15	COUNTY PARKING GARAGE			2.25	

MONTGOMERY COUNTY, MD  
PUBLIC PARKING GARAGE  
RECEIPT

DATE: 08/15/12 \$: 2.25

THANK YOU  
Cashier Signature [Signature]

(continue on back)	Total This Page	87	2.25
	Total Reverse Page	181	2.25
	GRAND TOTAL	268	4.50

For Accounting Use Only  
\_\_\_\_\_ miles @ \_\_\_\_\_  
Other \_\_\_\_\_  
Pay \_\_\_\_\_

\*APPROPRIATE RECEIPTS MUST BE ATTACHED

[Signature] Michael A Durso 8/31/12  
Signature, Employee Date

[Signature] [Signature] 9/14/12  
Signature, Principal/Supervisor Date

APPROVED [Signature] 9/13/12  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

*Jan 10.5*

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>SEPTEMBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
5	MAGANEN HIGH SCHOOL	"BOAVL-POW" MEET	13		
5	CESC ROOM # 127	CORE VALUES BOE	19		
7	MCAAP - GIDE DRIVE	PRESIDENT MEETING	17		
7	CLARKSBURG HIGH SCHOOL	MARKET DEDICATION	33		
10	CESC ROOM # 126	FISCAL MANAGEMENT	19		
13	BOSTON MARKET ASPEN HILL	MEET WITH MCPS PRINCIPAL	10		
13	CESC AUDITORIUM	BOE-MCAAP ANNUAL MEET.	19		
(continue on back)			Total This Page	130	/
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	44	/
			GRAND TOTAL	174	/
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

*Michael Durso* 9/30/12  
Signature, Employee Date

*[Signature]* 10/5/12  
Signature, Principal/Supervisor Date

*2012/9/30*

APPROVED *[Signature]* 10/9/12  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]







**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

www.americanexpress.com/checkyourbill

Prepared For  
**MICHAEL DURSO**  
**MCPS MDTAX**

Account Number  
[REDACTED]

Closing Date  
09/28/12

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	90.00	0.00	0.00	0.00	<b>90.00</b>	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](http://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 \$
XXXX-XXXX [REDACTED]		
09/21/12 NASSP MOTO 703-860-0200 CA REF# 1150663 8002537746 09/20/12	11506630000	90.00
<b>Total for MICHAEL DURSO</b>	New Charges/Other Debits - Payments/Other Credits	90.00 0.00

Do not staple or use paper clips

**Payment Coupon**

Account Number  
[REDACTED]

Please enter account number on all correspondence.



MICHAEL DURSO  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850

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

MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

*Handwritten notes:*  
10/12/12

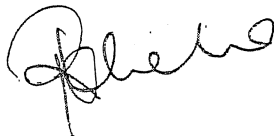
October 11, 2012

MEMORANDUM

To: Mrs. Susan Chen, Director  
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff

Subject: Check Request Payable to **MCAAP**



Please issue a check in the amount of **\$80.00** in payment for one to attend the MCAAP Fall Leadership Symposium. Please mail registration along with check to the MCAAP office located at 30 West Gude Drive, Suite 100, Rockville, Maryland 20850.

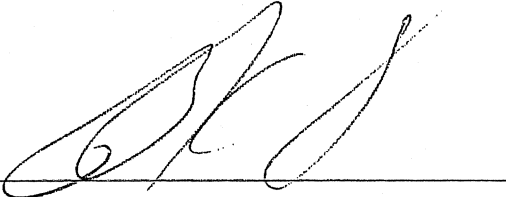
Please charge the account number indicated.

**\$80.00 – Mr. Michael Durso.....** 

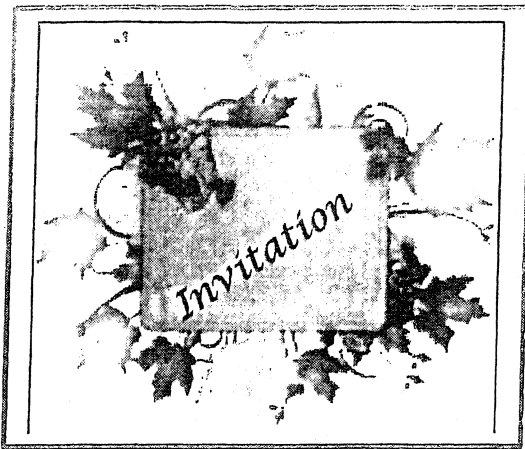
Thank you.

IRI:rlg

Attachment

Approved \_\_\_\_\_  






You are invited to the annual  
**MCAAP Fall Leadership Symposium.**

*This is the 10<sup>th</sup> year MCAAP is offering a one-day conference on the third Friday in October as a day devoted to the professional growth and development of administrators and supervisors.*

**What:** The Leadership Symposium will focus on fostering a better understanding of the MCEA, SEIU, and MCAAP contracts, implementing policies, building a code of professional ethics, and adapting supervision skills for supervising other leaders. It is designed as a day to hone specific practical leadership skills. The program includes 6-8 breakout sessions, morning refreshments, buffet luncheon, recognition of colleagues as Deans of Educational Administration, two general sessions, and much more. Dr. David Heiber will address the symposium at the Luncheon General Session.

**When and Where:** The Leadership Symposium is being held on Friday, October 19, 2012 at Walter Johnson High School. Breakfast and registration begins at 8 am and the Symposium concludes at 3:15 pm. Below is the registration form.

**Bonus:** The chapter with the largest percentage of registrants at the symposium will be recognized and those registrants will receive a discount coupon worth \$10 off of their next conference registration.



Detach and return with payment to MCAAP

## Registration Information

Name: Michael Dorso Title: Board Member  
Work Location: Board Office Preferred Email: Becky\_Gibson@mcaap.org

*You will receive an electronic confirmation with more details at the above email.*

### Regular Registration

Due Monday, October 8, 2012

\_\_\_\_\_ \$60 MCAAP Member  
 \$80 Non Member

### Late Registration

October 9 through October 17, 2012

\_\_\_\_\_ \$70 MCAAP Member  
\_\_\_\_\_ \$90 Non Member

Checks should be made payable to MCAAP.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) (ZIP Code) Maryland	Submitted for Month of: <u>OCTOBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	CENC - BOE CONF ROOM	ORAL ARGUMENT	19		
2	EINSTEIN HIGH SCHOOL	MEET WITH PRINCIPAL	16		
2	OCEAN CITY, MARYLAND	MABE CONFERENCE	150		
3	CLARION HOTEL, OC	MABE CONFERENCE	4		
3	NANTUCKET'S FENWICK, DEL	BOE DINNER	10		
4	CLARION HOTEL, OC	MABE CONF. - DINNER (2)	8		
5	CLARION HOTEL, OC	MABE CONFERENCE	4		
5	SILVER SPRING (HOME)	RETURN FROM MABE	150		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	361		For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	139	10:00	
	GRAND TOTAL	500	10:00	

Signature, Employee: Michael A Durso Date: 10/31/12  
 Signature, Principal/Supervisor: [Signature] Date: 11/12/12

APPROVED  
 Signature, Account Manager: [Signature] Date: 11/26/12  
 ACCOUNT NUMBER: [REDACTED]



Nov 10/11

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last) (First) (Middle) Durso Michael	Board of Education No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>NOVEMBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
8	VOLUNTS WEST MIDDLE	MD STATE DELEGATION	18		
8	CESC AUDITORIUM	FACILITIES MEETING	19		
12	STRATHMORE CENTER	"STATE" MESSAGE	22		
12	PAINE BRANCH HIGH SCHOOL	DELEGATION CEREMONY	16		
12	CESC AUDITORIUM	FACILITIES MEETING	19		
14	EINSTEIN HIGH SCHOOL	STUDENT FORUM	16		
14	ADVENT HOSPITAL	DRUG AWARENESS	22		

(continue on back)	Total This Page	132		For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	184		
	GRAND TOTAL	316	NONE	

<u>Michael Durso</u> Signature, Employee	11 30, 12 Date
<u>[Signature]</u> Signature, Principal/Supervisor	12 18, 12 Date

<input checked="" type="checkbox"/> APPROVED	<u>[Signature]</u> Signature, Account Manager	12, 11, 12 Date
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>DECEMBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3	ROCKVILLE HIGH SCHOOL	PRINCIPAL MEETING	14		
3	MCDONALD'S COLESVILLE	MEET FORMER STUDENT	6		
3	PALAPUIS, BURTNSVILLE	MEET WITH NEC PRINCIPAL	15		
4	CESC AUDITORIUM	SWEARING IN OF BOE	19		
6	EDISON HS CESC	OPEN HOUSE - MCIC-MCA	30		
7	PEGGY HILL MARIOTT	LEGISLATIVE BREAKFAST	23		
7	CESC ROOM # 130	MR. WANNEN MEETING	19		

(continue on back)	Total This Page	126	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	173	
	GRAND TOTAL	299	

Michael A DNP 12/31/12  
 Signature, Employee Date  
[Signature] 1/10/12  
 Signature, Principal/Supervisor Date

APPROVED  
[Signature] 1/10/13  
 Signature, Account Manager Date

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: Jan 2011 Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3	CEVC	MCCPTA			
	AUDITORIUM	BUDGET	19		
4	EDISON	ROUND TABLE			
	TECH CENTER	DISCUSSION	12		
5	CEVC	NEGOTIATIONS			
	# 120	UPDATE	19		
7	PANERA	SNO			
	SHADY GACVE	COMMITTEE	20		
8	MOEA	LEGISLATIVE			
	TAFF COUNT	BREAKFAST	15		
11	CEVC	BCE BUSINESS			
	BOARD ROOM	MEETING	19		
12	CEVC	BUDGET			
	AUDITORIUM	HEARING	19		
14	WOODEN AND	SCHOOL VISITS			
	SPRINGBROOK	(24 + 12)	36		
	HIGH SCHOOLS				
(continue on back)			Total This Page	159	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	248	4.50
			GRAND TOTAL	407	4.50
				For Accounting Use Only	
				_____ miles @ 57	
				Other _____	
				Pay _____	

PAID  
1/21/11

*Michael A Durso*  
Signature, Employee

1/31/11  
Date

*[Signature]*  
Signature, Principal/Supervisor

2/9/11  
Date

APPROVED

*[Signature]*  
Signature, Account Manager

2/11/11  
Date

ACCOUNT NUMBER [REDACTED]



Submitted For Month Of: <u>JANUARY 2011</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
15	McDONALD'S @ COLESVILLE	MEET WITH CONSTITUENT	8	↓	
17	MARIOTT, BETHESDA	MILK-ALPHA BREAKFAST	30		PAID 1#
18	LEBOLS @ COLESVILLE	MEET WITH TEACHER	8		01-3515 No.
18	COUNTY COUNCIL BUDG.	EDUCATION - SAFETY COMM.	22	↓	11-01-#201
18	COUNCIL BUDG	PARKING →		3.50	018-17:35EX
19	CESC (2) 120-AUDITORIUM	COMMITTEE, BUDGET HEAR	38		11-01-#201
20	MCEA TAFT COURT	NBCT CEREMONY	15		018-15:11EN
21	PANERA SANDY GROVE	SRO COMMITTEE	20		A... 3.50\$
22	CESC AUDITORIUM	MARSE CAUCUS	19		* ... 3.50\$
22	14725 JAYSTONE	THESIS INTERVIEW	8		
24	EINSTEIN NIGHT SCHOOL	MCR STUDY CIRCLES	20		PAID 1#
24	COUNTY COUNCIL BUDG	BERLINER MEETING	22	↓	01-4386 No.
24	COUNCIL BUDG	PARKING →		1.00	11-01-#101
27	CESC BOARD ROOM	NUA + CLOSED ←	19		024-12:01EX
28	CESC ROOM # 123	NUA INTERVIEW ←	19		11-01-#101
			↓	↓	024-10:35EN
					A... 1.00\$
					* ... 1.00\$
Please transfer these totals to Front Side →			Totals	248	4.50

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last)	(First) (Middle)	Board of Education
Durso	Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street)	(Apt. No.)	Job Title Board Member
(City)	(State) (ZIP Code)	Submitted for Month of: FEBRUARY
	Maryland [REDACTED]	Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
7	ANGLE MIDDLE SCHOOL	PRINCIPAL VISIT	8		
10	CHURCHILL HIGH SCHOOL	SNOW NOMINATING	30		
10	FARQUHAR MIDDLE	SHERWOODS CLUSTER	8		
14	CESC BOARD ROOM	BUDGET ADOPTION	19		
14	ROCKVILLE LIBRARY	NSA MEETING PARKING		\$ 2.00	
15	B-CC EDISON SCHOOL	SHERWOODS ES UNITS	40		
17	CESC ROOM #120	FISCAL MANAGEMENT	19		
17	EINSTEIN HS	CLUSTER MEG	15		

**RECEIPT**  
 355 Parking Garage  
 Rockville Town Square  
 City of Rockville  
 Stall #238  
 Expiration Date/Time  
**EXP 03:48PM**  
**FEB 14, 2011**  
 Add Time #: 221168  
 Purchase Date/Time: 01:48pm Feb 14, 2011  
 Total Due: \$2.00 Rate: Hourly (4 Hrs Max).  
 Total Paid: \$2.00 Payment Type: Cash

Ticket #: 00022724  
 S/N #: 200007140430  
 Setting: 355 Garage ST  
 Mach Name: 8-355 P1 Stair E  
 If you paid to 7 pm or later parking is valid all evening

(continue on back)	Total This Page	139 <sup>24</sup>	2.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	61	
	GRAND TOTAL	200 <sup>24</sup>	2.00

For Accounting Use Only  
 \_\_\_\_\_ miles @ \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Pay: \_\_\_\_\_

*Michael A. Durso* 2/28/11  
 Signature, Employee Date  
*[Signature]* 3/15/11  
 Signature, Principal/Supervisor Date  
*[Signature]* 3/16/11  
 Signature, Account Manager Date

**PAID**  
 107

ACCOUNT NUMBER [REDACTED]





# DEPOSIT SLIP

3148

Division of Controller Office  
850 Hungerford Drive, Room 154  
Rockville, Maryland, 20850  
Billing@mcpsmd.org

Print Form

Reset Form

**Requestor:**

**Department:** Board of Education

**School:**

**Contact Name:** Becky Gibson

**E-Mail:** Becky\_Gibson@mcpsmd.org

**Phone:** 301-279-3617

**Fax:** 301-279-3860

**Address:** CESC, Room 123

Cash  Check  Credit Card  Money Order

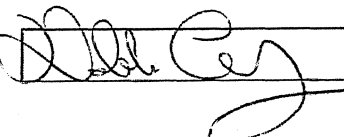
Request Date:

Customer Signature

Deposit Type	FMS Account String	Purpose/Invoice Number	Amount
Check	[REDACTED]	Michael Durso Reimbursement to MCPS Spouse ticket to the MLK Breakfast	\$50.00

**Total**      **\$50.00**

Receipts Confirmation for Customer Only

Received By: 

In the amount of      **\$50.00**

Received Date      **2/9/11**

MICHAEL A. DURSO

3148

65-270/550

[Redacted]

JAN. 11 - 2011

Date

Pay to the order of

MCPD

\$ 50.00

FIFTY AND

00/100

Dollars

Security Features Details on Back.

[Redacted]

Michael A. Durso

For

MILK BREAKFAST

[Redacted]

3148

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>MARCH</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3-1	LAYFORDVILLE	GUEST			
	ELEMENTARY	RENDER DAILY	20		
3-1	JFK	PRINCIPAL			
	HIGH SCHOOL	VISIT	8		
3-2	GREAT VENEZIA	GUEST			
	ELEMENTARY	RENDER DAILY	36		
3-3	RACHEL WANNON	GUEST			
	ELEMENTARY	RENDER DAILY	32		
3-4	PARERA @	SRO			
	FALLSMEAD	COMMITTEE	24		
(continue on back)			Total This Page	120	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	483	
			GRAND TOTAL	603	
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Michael A Durso 3/31/11  
Signature, Employee Date  
[Signature] 4/1/11  
Signature, Principal/Supervisor Date  
[Signature] 4/8/11  
Signature, Account Manager Date  
APPROVED  
ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: <u>March - 2011</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
3-7	UM	COMMITTEE			
	SNASH GROVE	FUN MOUNT.	25		
3-10	# 50	COUNCIL			
	MS. AVENUE	ATTORNEY	20		
3-10	SENECA	CLUSTER			
	VALLEY HS	MEETING	30		
3-11	BETHESDA	SAFELY			
	MARIOTT	LUNCHEON	22		
3-14	OESC	MOSC - MCR			
	AUDITORIUM	FORUM	19		
3-15	OESC	FACILITIES			
	AUDITORIUM	HEARING	19		
3-16	PARENA -	SNO			
	FALLSGROVE	COMMITTEE	24		
3-16	FARLAND	SCHOOL			
	ELEMENTARY	VISIT	8		
3-17	BANNEKEN	PB			
	MIDDLE	CLUSTER	12		3-30
3-18	MAGNUSSEN	TRAINING			INTERNATIONAL
	14614 SCHOOL	PRESENTATION	20		OFFICE
3-18	GAZELLE @	SNO			PARENT MTG
	COMPLAINTE CT.	COMMITTEE	24		
3-20	9406	CIVIC ASSOC.			20 MILES
	WINTHROP ST.	(PARECO)	20		
3-21	OESC	CLUBS			
	BOARD ROOM	SESSION	19		3-31
3-23	AACPS	MABE			OESC # 120
	RIVA ROAD	WORKSHOP	16		BOARD
3-24	SILVER SPRING	IMPACT AWARDS			HEARING - PICOA
	CIVIC CENTER	PROGRAM	20		
3-24	NORTHWEST	CLUSTER			19 MILES
	NIGHT SCHOOL	MEETING	26		
3-26	CAT NORTH	SKILLS USA			38
	SEVERN MD	COMPETITION	60		
Please transfer these totals to Front Side			Totals	39	



# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**MICHAEL DURSO**  
CPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
03/30/11

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	0.00	0.00	0.00	725.00	<b>725.00</b>	CR

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](http://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 \$
XXXX-XXXX [REDACTED]		
03/16/11 AMERICANASSOCSSCHOOL 730-875-0779 VA		-725.00
REF# 0 CHARITABLE ORG 03/16/11		Credit
<b>Total for MICHAEL DURSO</b>	New Charges/Other Debits	0.00
	Payments/Other Credits	-725.00

Do not staple or use paper clips

**Payment Coupon**

Account Number  
[REDACTED]

Please enter account number on all correspondence.



MICHAEL DURSO  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850

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

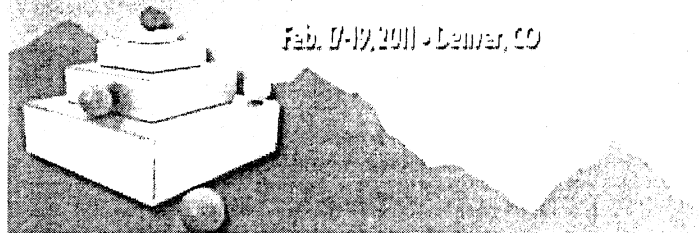


Gibson, Becky

From: aasareg@cmrus.com  
Sent: Wednesday, March 16, 2011 4:43 PM  
To: Gibson, Becky  
Subject: Cancellation #A0325551 Michael A. Durso: AASA 2011 NCE - Confirmation of Registration

## The National Conference on Education

Feb. 17-19, 2011 - Denver, CO



Registration Confirmations  
sponsored by:



**Horace Mann**

Founded by Educators for Educators

### AASA 2011 National Conference on Education

Your Registration Cancellation # A0325551

Michael A. Durso  
Montgomery County Board of Education  
850 Hungerford Drive  
Room 123  
Rockville, MD 20850  
United States

#### Cancellation Details:

1 - Cancellation Fee \$100.00

**Total Cancellation Fee: \$100.00**

**Total Payment To Date: \$100.00**

--9/22/2010 11:39:23 AM, Amex, ... \$825.00

--3/16/2011 1:42:30 PM, Refund, ... (\$725.00)

AASA 2011 National Confirmation on Education of Registration Cancellation.

We are in receipt of your registration cancellation request for the upcoming National Conference on Education, February 17 - 19, 2011 in Denver, CO.

Please keep a copy of this document for proof of refund transaction.

For Credit Card refunds, allow 6-8 weeks from the date of this email to appear on your statement. Check refunds will be issued after the Annual Meeting.

#### Did you cancel your Hotel reservation for the Annual Meeting?

Cancelling your Annual Meeting Registration does not automatically cancel your housing reservation. If you have made hotel accommodations through AASA Housing and have not received notification of cancellation, please contact AASA Housing at: [aasahousing@cmrus.com](mailto:aasahousing@cmrus.com), or contact the number below.

For additional questions, please contact AASA NCE Registration and Housing at (866) 226-4939 (US & Canada) or / (415) 268-2097 (outside US & Canada).

Thank you,

AASA National Conference on Education Registration

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>APRIL</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	EDISON HIGH SCHOOL	PRE-FEASIBILITY COMM. MEETING	12		
4	COUNTY COUNCIL BUILDING	BUDGET HEARINGS	20		
4	COUNTY COUNCIL BUILDING			3.50	
5	EDISON HIGH SCHOOL	FEASIBILITY COMM. MEETING	12		
6	PANAMA @ FALLS GROVE	SCA COMMITTEE	21		
6	SPRINGBROOK HIGH SCHOOL	BLUES DRIVE	12		
4	COUNTY COUNCIL BUILDING	BUDGET HEARINGS	20		
7	BWI AIRPORT	FLIGHT TO SAN FRANCISCO	35		
(continue on back)			Total This Page	132	3.50
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	286	6.00
			GRAND TOTAL	418	9.50
				For Accounting Use Only	
				_____ miles @ .51	
				Other _____	
				Pay _____	

Michael A Durso 4/30/11  
 Signature, Employee Date

[Signature] 5/10/11  
 Signature, Principal/Supervisor Date

**PAID**  
 2011 05 10

APPROVED [Signature] 5/12/11  
 Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: **APRIL - 2011**

Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	
11	HOME FROM BWI AIRPORT	NSBA CONFERENCE	35	
13	SHERATON @ ROCKVILLE	BOE SPECIAL SESSION	21	
14	SHERATON @ ROCKVILLE	BOE SPECIAL SESSION	21	
14	COURT-APPEALS ANNAPOLIS	MOCK TRIAL FINALS - RMHS	70	
15	COURT-APPEALS ANNAPOLIS	MOCK TRIAL PARKING	→	5.00
15	COUNTY COUNCIL ROOM # 7	EDUCATION - SAFETY COMM.	20	
15	COUNTY COUNCIL BUILDING	COMMITTEE PARKING	→	1.00
15	SHERATON @ ROCKVILLE	BOE SPECIAL SESSION	21	
16	CRUISE PLAZA @ ROCKVILLE	BOE SPECIAL SESSION	20	
22	PANERA @ FAUX GROVE	SRO COMMITTEE	21	
25	BOE @ ROCKVILLE	SUPP. ANNOUNCE.	19	
27	RIDERWOOD COMMUNITY	SCHOOLWIP PROGRAM	24	
28	1302 EAST GORE DR	MCAS STAFF LUNCHEON	14	
29	EDISON HIGH SCHOOL	AWARDS PROGRAM		
Please transfer these totals to Front Side →			Totals	286

USNA  
 GATE 5 PAY STATION  
 Rcpt# 2633  
 04/15/11 12:34 L#24 A# 1 Txn# 1879C  
 04/15/11 10:25 In 04/15/11 12:34 Out  
 Tkt# 423812  
 MAIN FEE \$ 5.00  
 Total Fee \$ 5.00  
 VISA CARD \$ 5.00-  
 XXXXXXXXXXXX  
 Approval No. 057500  
 Refer:

11-04-2011  
 11-04-2011  
 11-04-2011  
 11-04-2011  
 11-04-2011  
 11-04-2011  
 11-04-2011  
 11-04-2011

6.00



# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**  
[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**MICHAEL DURSO**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
04/29/11

Page 1 of 2

001 001 03169 R04K9A2A 0010Z. ( 04691 R04K9A2A 03169 0010Z. ( 000(

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
725.00 CR	1,035.88	725.00	0.00	0.00	<b>1,035.88</b>	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](http://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 \$
XXXX-XXXX [REDACTED]		
04/12/11 MARRIOTT 337F2SFMOSC SAN FRANCISCO CA FOL# 10971 LODGING 04/12/11 ARRIVAL DATE DEPARTURE DATE 04/07/11 04/11/11 00 ROC NUMBER 10971	10971000000	1,035.88 ✓
04/07/11 CORPORATE DEDUCTION OF CREDIT BAL.04/07	05059000000	725.00
<b>Total for MICHAEL DURSO</b>	New Charges/Other Debits Payments/Other Credits	1,760.88 0.00

Do not staple or use paper clips

### Payment Coupon

Account Number  
[REDACTED]

Please enter account number on all correspondence.



MICHAEL DURSO  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850

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



For questions regarding this folio, please call  
 Marriott Business Services toll-free 1-866-435-7627.



GUEST FOLIO

55 Fourth Street, San Francisco, California 94103 • 415.896.1600 • Marriott.com/SFODT

1425 DURSO/MICHAEL 224.00 04/11/11 11:50 10971 13403  
 Room Name Rate Depart Time ACCT# GROUP  
 KG MONTGOMERYCOUNTYPUBL 04/07/11 11:58  
 Type Arrive Time  
 49 HUNGERFORDDRIVEROOM PASSPORT:  
 Address MD 20850 XXXXXXXXXXXXXXX [REDACTED]  
 Room Clerk Payment MRW#:

DATE REFERENCE CHARGES CREDITS BALANCE DUE

04/07	ROOM	1425, 1	224.00		
04/07	RM TAX	1425, 1	31.36		
04/07	CA TRSM	1425, 1	.25		
04/07	SF TRSM	1425, 1	3.36		
04/08	ROOM	1425, 1	224.00		
04/08	RM TAX	1425, 1	31.36		
04/08	CA TRSM	1425, 1	.25		
04/08	SF TRSM	1425, 1	3.36		
04/09	ROOM	1425, 1	224.00		
04/09	RM TAX	1425, 1	31.36		
04/09	CA TRSM	1425, 1	.25		
04/09	SF TRSM	1425, 1	3.36		
04/10	ROOM	1425, 1	224.00		
04/10	RM TAX	1425, 1	31.36		
04/10	CA TRSM	1425, 1	.25		
04/10	SF TRSM	1425, 1	3.36		
04/11	CCARD-AX			1035.88	
	PAYMENT RECEIVED BY AMEX			XXXXXXXXXXXX [REDACTED]	
					.00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Wir bedanken uns für Ihren Besuch  
 Gracias Por Su Patrocinio  
 Thank You For Your Business

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law plus the reasonable cost of collection, including attorney fees.

Signature X *Michael A. D...*

NSBA Conference  
 San Francisco, CA - April 7 - 11, 2011

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last) Durso (First) Michael (Middle)	Board of Education
No. Miles to and from Home and Base Location 19	
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: MAY Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	BETH. NORTH MARIOTT	NACOP JINREN	21		*
2	COUNTY COUNCILS OFFICE	COUNCILMAN MEETING	17		
3	CRESTHAVEN ELEMENTARY	FINAL INSPECTION	14		
2	COUNTY COUNCIL OFFICE	PARKING		\$1.00	
4	COUNTY COUNCIL OFFICE	COUNCILMAN MEETING	17		
5	SPRINGBROOK HIGH SCHOOL	CAMPING MALE MENTORS	12		
9	CEVC #120	FINANCIAL MANAGEMENT	19		
9	ROCKVILLE H.S.	SPECIAL ED AWARDS	12		
(continue on back)			Total This Page	114	\$1.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	294	3.50
			GRAND TOTAL	408	4.50

**PAID**

Signature, Employee Michael A Durso Date 5/31/11	Signature, Principal Supervisor [Signature] Date 6/15/11
Signature, Account Manager [Signature] Date 6/15/11	
<input checked="" type="checkbox"/> APPROVED ACCOUNT NUMBER [REDACTED]	

Submitted For Month Of: <u>May - 2011</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
11	PARENTS	STAFF MEMBER			* PAID
	@ CLAREY	VISIT-MTG	6		1R
11	ADDIES	BOARD			01-3575K6
	11120 ROCK ACRE	LUNCHEON	22		11-05-2011
12	SPRINGBROOK	AWARDS			017-11:50EX
	HIGH SCHOOL	PROGRAM	12		11-05-2011
13	STONEGATE	CAREEN			017-09:00EN
	ELEMENTARY	DAY	6		R....3.50\$
14	SILVER SPRING	TEEN			....3.50\$
	CIVIC BLDG	FORUM	20		
16	COLLEGE GARDENS	CLASSROOM			
	ELEMENTARY	VISIT	17		
16	SPRINGBROOK	NEC			
	HIGH SCHOOL	COMMITTEE	12		
16	MAGROEN	PTSA			
	HIGH SCHOOL	COMMITTEE	12		
17	COUNTY	BUDGET			
	COUNCIL OFFICE	SESSION(S)	17		
17	COUNTY				
*	COUNCIL OFFICE	PARKING		3.50	
18	BETHESDA	PRINCIPALS			
	MARRIOTT	PTSA DINNER	21		
19	CEJC	HISPANIC			
	AUDITORIUM	AWARDS	19		
21	COUNTY	NAACP			
	COUNCIL	PARENT COUNCIL	17		
25	SLIGO	BREAKFAST			
	MIDDLE SCHOOL	PROGRAM	16		
25	CEJC	STRATEGIC			
	# 120	PLANNING	19		
26	FRONT	PROFESSIONAL			
	MIDDLE SCHOOL	WEARING DAY	22		
27	EDISON	SCHOOL			
	HIGH SCHOOL	VISIT	16		
27	PARENT @	SDO			
	FALLS GROVE	COMMITTEE	24		
31	SILVER DINE	MEET @			
	ROCKVILLE	BOE MEMBER	16		
Please transfer these totals to Front Side			Totals	294	3.50

MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

*Amg  
5/12*

May 11, 2011

**PAID**

MEMORANDUM

To: Mr. Robert J. Doody, Controller  
Division of Controller

From: Ikhide Roland Ikheloa, Chief of Staff *Ikheloa*

Subject: Check Request Payable to Michael Durso, ID No. [REDACTED]

Please issue a check in the amount of **\$206.85** in reimbursement of the attached receipts for ground transportation and meals while attending the NSBA conference in San Francisco and deposit check.

Please charge the account number for the Board Member/Staff Person indicated.

Mr. Michael Durso..... [REDACTED]

Thank you.

IRI:rlg

Attachment

Approved \_\_\_\_\_  
*[Signature]*



**SuperShuttle**. Need a lift?

24 Hours A Day, Every Day

(415) or (650) 558-8500

Driver # 3601 Fare 15.00  
 Van # 225 Tip 1  
 Date 4-7-11 Total 15.00  
 Name MICHAEL A. DURJO

www.supershuttle.com

04/07/11 - 04/10/11 - Ground Transportation to and from events

ARROW CAB CO. - 415-648-3181

San Francisco, California

RIDE RECEIPT  
 - DESOTO CAB -  
 CAB # 1089  
 D-ID # A\*\*\*\*151  
 TRIP # 27436  
 DATE 04/09/11  
 RATE USED: 1  
 PASSENGERS: 1  
 START END MILES  
 09:20 09:28 1.8  
 FARE: \$ 8.50  
 EXTRA: \$ 0.00  
 TOLLS: \$ 0.00  
 TOTAL: \$ 8.50

TIP: 2.50  
 GR. TOT: 11.00

Date APRIL 10-2011  
 From FISHERMAN'S WHARF  
 To MARRIOTT MARQUESS  
 Amount 14.80  
 Driver's Name M. CHEN  
 Cab Number # 1584

CASH RECEIPT

- DESOTO CAB -  
 - SAN FRANCISCO

BREAKFAST

4-11-11

SAVOR... SAN FRANCISCO  
 THE MOSCONE CENTER  
 www.savorsmgsf.com

1008 CSHR 8

CHK 8615 APR11'11 9:25GST 1

1 S-HOT TEA 2.00  
 1 WHOLE FRUIT 1.75  
 SUBTOTAL 3.75  
 TOTAL PAID 3.75  
 CASH 3.75

04/11/11 - Breakfast while attending NSBA conference

SAN FRANCISCO INT'L AIRPORT

06 SUSAN LUNCH 4-11-11  
 -----  
 48/1 6126 GST 1  
 APR11'11 1:15PM  
 -----

\*\*\*\* SEAT 1 \*\*\*\*  
 1 CHEF SALAD 12.99  
 RANCH  
 1 14oz SODA BAR 2.99  
 FIRST ROUND  
 COKE  
 SUBTOTAL 15.98  
 TAX 1.48 AMOUNT 17.46  
 \*\*\*\*\*

SUBTOTAL 15.98  
 TAX 1.48  
 AMOUNT \$17.46

TIP 3.54  
21.00

04/11/11 - Lunch while attending NSBA conference

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>JUNE</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	RIDERWOOD	PRESENTATION			
2	COMMUNITY DANMANS	PLANNING GRADUATION	17		
3	HIGH SCHOOL	EXERCISES	35		
3	PARKLAND MIDDLE SCHOOL	SCHOOL VISITATION	16		
3	SPRINGBROOK HIGH SCHOOL	GRADUATION (TO BUS)	12		
7	MCPS HEADQUARTERS	FAO COMMITTEE	20		
7	STEPHAN KNOLLS SCHOOL	GRADUATION EXERCISES	16		
8	JEIBELLS RESTAURANT	PRINCIPAL MEETING	18		
8	CESC BOARD ROOM	EXPULSION HEARING	19		
(continue on back)			Total This Page	153	0
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	245	8.00
			GRAND TOTAL	398	8.00
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Michael A Durso 6/30/11 **PAID**  
 Signature, Employee Date  
[Signature] 7/5/11  
 Signature, Principal/Supervisor Date  
[Signature] 7/5/11  
 Signature, Account Manager Date

APPROVED

ACCOUNT NUMBER [REDACTED]



Division of Controller  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland 20850

RECEIVED

MONTHLY STATEMENT OF MILEAGE  
 FOR USE OF PRIVATE VEHICLE

AUG 26 2011

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 D1E-RA: Local Travel.) List all official stops in date order.

OFFICE OF THE  
 SUPERINTENDENT OF SCHOOLS

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

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	EDISON HIGH SCHOOL	SCHOOL	12		
6	CESC 856 HUNGER	DR. STARR MEETING	19		
8	CESC ROOM 147	DIAMOND - CONFINO	19		
12	BANQUET, ROCKVILLE	MCPS STAFF MEG	14		
13	PANERA, SILVER SPRING	MEETING, NEWS REPORTER	20		
13	TOWN SQUARE GARAGE			2.25	
13	MCDONALD'S ROCKVILLE PIKE	SHARE MEETING			
		SMOB 2012-13	18		

(continue on back) *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	102	2.25	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	162		
	GRAND TOTAL	264	2.25	

Signature, Employee: Michael A. Durso Date: 7/31/11  
 Signature, Principal/Supervisor: [Signature] Date: 8/25/11

APPROVED  
 Signature, Account Manager: [Signature] Date: 8/26/11

PAID

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>AUGUST</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
10	PAINE BRANCH HIGH SCHOOL	BUILDING TOUR	12		
11	WALTER JOHNSON HIGH SCHOOL	SUMMER GRADUATION	26		
16	RICKING-HOUSE CENTER	HOUSE	22		
18	DM SHADY GROVE	A+S IN SPARK	23		
23	MAPLE BOX, ROCKVILLE	MCPS STAFF @ SINNER	20		
24	COPPEN CANYON, SILVER SPRING	MCPS STAFF @ SINNER	20		
25	FARMLAND ELEMENTARY	OPENING FACULTY MEG	12		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	135	_____	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	85	_____	
	GRAND TOTAL	220	_____	

Signature, Employee: Michael A Durso Date: 8/31/11  
 Signature, Principal/Supervisor: [Signature] Date: 9/8/11

APPROVED  
 Signature, Account Manager: [Signature] Date: 9/9/11  
 ACCOUNT NUMBER: [REDACTED]

**PAID**  
122



**UNITED**

11APR11 SF0CS 36086-1

AGENT ID: V000079

CUSTOMER: DUBSO/MICHAEL

TKT NBR: [REDACTED]

ITEMS:

25.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

CPN: 1 ORIGIN: SFO DESTINATION: BWI

FORM OF PAYMENT: [REDACTED]  
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK  
[REDACTED]

TOTAL USD25.00



04/11/11 - Ground Transportation to San Francisco Airport

### SuperShuttle. Need a lift?

supershuttle.com 1-800-Blue Van (258-3826)  
PSC 1298

#### TRIP RECORD

Pass. Name MICHAEL DUBSO

Company MCA S

Address /Bldg. 850 HUNGERFORD DR

City SILVER SPRING St. St. Zip 20785

Conf. /Acct.# NSBA - 2011

From: MARNOCK To: SF

No. of Pass. 1 AIRPORT

Fare \$ 15

Gratuity \$ 5

Total \$ 20.00

#### METHOD OF PAYMENT

- Credit Card
- Direct Bill
- Cash Receipt
- Prepaid

Franchise ID No. ✓ Van No. ✓

Franchise TCP No. 1 Date 4/11/11

Michael A. Dubso

Customer signature here authorizes DIRECT BILL or CREDIT CARD charge

WHITE - SuperShuttle YELLOW - SuperShuttle PINK - Customer Copy



**UNITED**

07APR11 BUIT1 07197-1

AGENT ID: RWIL16

CUSTOMER: DURSO/MICHAEL

TKT NBR: [REDACTED]

ITEMS:

25.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

[REDACTED]

CPN: 1 ORIGIN: BWI DESTINATION: SFO

FORM OF PAYMENT: [REDACTED]  
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK  
[REDACTED]

TOTAL USD25.00



04/07/11 - 04/11/11 - Parking at BWI Airport during conference

Lunch 4-7-11

B.W.I. AIRPORT PARKING  
DAILY A GARAGE  
MARYLAND PARKING

Denny s Yerba Buena  
Store # 6873  
816 MISSION STREET  
SAN FRANCISCO, CA 94103  
415-243-8800

Rcpt# 25090  
04/11/11 22:21 L#16 A# 1 Txn# 46090  
04/07/11 18:52 In 04/11/11 22:21 Out  
Tkt# 541423  
Daily \$ 55.00  
Total Tax \$ 3.00  
Total Fee \$ 58.00  
MASTER CARD \$ 58.00-  
XXXXXXXXXX [REDACTED]  
Approval No.: 58679P  
Reference No.: 193  
Change Due \$ 0.00  
THANK YOU  
HAVE A SAFE TRIP

Server: Maria/104 04/07/2011  
Cashier: Dennys  
Party: 1/1 2:16 PM

Guests: 1  
Reprint #: 1 #30068

Chicken Salad 11.99  
SOFT DRINK 2.79

Sub Total 14.78  
Tax 1.40

Total 16.18

CASH 50.00  
Change 33.82

PARKING  
4-7 thru 4-11

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:  Yes  No  
 Board of Education

Name (Last) (First) (Middle) No. Miles to and from Home and Base Location  
 Durso Michael 19

Address (Street No.) (Street) (Apt. No.) Job Title  
 [REDACTED] Board Member

(City) (State) (ZIP Code) Submitted for Month of: SEPTEMBER  
 [REDACTED] Maryland [REDACTED] Use one form for each month.

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6	CESC ROOM 120	COMM. - PLANNING COMMITTEES	19		
9	FALLS GROVE PANEL	PRO COMMITTEE	22		
12	BAKEN MS, CESC	"RAISE FLAG" FISCAL COMM.	50		
12	SPRINGBROOK HIGH SCHOOL	"LISTEN AND LEARN"	12		
14	OUTBACK, ASPEN HILL	PRINCIPALS DINNER	10		
20	CESC, ROOM 120	POLICY COMMITTEE	19		
(continue on back)			Total This Page	132	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	132	
				For Accounting Use Only	
				_____ miles @ .533	
				Other _____	
				Pay _____	

Signature, Employee: Michael A Durso Date: 9, 30, 11

Signature, Principal/Supervisor: [Signature] Date: 10, 18, 11

APPROVED Signature, Account Manager: [Signature] Date: 10, 19, 11

ACCOUNT NUMBER [REDACTED]

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

*Jan 11*

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>OCTOBER</u> <del>Use one form for each month</del>

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
14	CEJC #123	POLICE-BOE MEETING	19		
17	MCAPP EAST GLEN DR	MEET WITH PRESIDENT	18		
19	URCOURT SEN. CENTER	ADA PRESENTATION	40		
20	SPRINGBROOK HIGH SCHOOL	ADMIN. CONFERENCE	12		
26	CEJC AUDITORIUM	SERVICE AWARDS	19		
26	CEJC AUDITORIUM	MCCPTA ANNUAL MLG.	19		
28	UMCP @ BENJAMIN	FULBRIGHT WINNERS	32		
(continue on back)			Total This Page	159	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		
			GRAND TOTAL	159	
				For Accounting Use Only	
				_____ miles @ _____	
				Other: _____	
				Pay: _____	

Michael A Durso 10/31/11  
Signature, Employee Date

[Signature] 11/4/11  
Signature, Principal/Supervisor Date

APPROVED [Signature] 11/4/11  
Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]

**PAID**  
8835

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>NOVEMBER</u> <del>Use one form for each month</del>

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	FAIRLAND ELEMENTARY	PRINCIPAL VISIT	14		
2	CESC BOE ROOM	FACILITIES MEETING	19		
3	PANERA TECH ROAD	MEET WITH COMM. SUPV	14		
4	6715 LANSON LA. BETHESDA	BOE - EXEC. STAFF	32		
10	SPRINGBROOK HIGH SCHOOL	SCHOOL VISIT	12		
10	GORDON-BLENCH ROCKVILLE	DELAWARE SEARCH COMM	18		
10	CESC AUDITORIUM	FACILITIES TESTIMONY	19		

(continue on back)  *APPROPRIATE RECEIPTS MUST BE ATTACHED	Total This Page	128	/	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
	Total Reverse Page	95	/	
	GRAND TOTAL	223	/	

Signature, Employee: Michael A Durso Date: 11/30/11  
 Signature, Principal/Supervisor: [Signature] Date: 12/7/11

APPROVED  
 Signature, Account Manager: [Signature] Date: 12/8/11  
 ACCOUNT NUMBER: [REDACTED]



12/15

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>DECEMBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	BOWIE STATE UNIVERSITY	MSBE TASK FORCE	40		
1	EDISON HS	ANNUAL TECHNOLOGY	16		
2	FALLS GROVE	SRO			
	PANERA	COMMITTEE	20		
2	CESC - BOE OFFICE	RETIREMENT COMMITTEE	19		
5	CESC - PLUM 120	FINANCIAL MANAG. COMM	19		
7	MCAAP - RM HIGH SCHOOL	MCAAP MEET BUDGET PREP	25		
8	ROCKVILLE HIGH SCHOOL	PRINCIPAL MEETING	14		
8	CESC ADIT.	MCR-MVIC-SGA			
(continue on back)			Total This Page	19	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	172	
			GRAND TOTAL	208	
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Michael A. Durso 12/31/11  
Signature, Employee Date

[Signature] 1/6/12  
Signature, Principal/Supervisor Date

PAID 21096

APPROVED [Signature]  
Signature, Account Manager Date 1/6/12

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: <u>DECEMBER - 2011</u>				Parking, Tolls, Public Transportation*	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
9	BUNKER PARK	MOPS			
	CAITHENS AUC	RETIREMENT	30		
12	POOKS HILL	MINORITY			
	MARRIOTT	LEGIS. BREAK	26		
12	COOREY IS	ADMIN.			
	MARIE LAWN	DINNER	16		
13	NANCY'S	PRINCIPAL			
	BUNTONSVILLE	DINNER	16		
16	BETHESDA	CFM			
	MARIOTT	BREAKFAST	20		
16	BLAKE	SIMULATED			
	HIGH SCHOOL	HENNINGS	4		
20	CLEMENTE	EDUCATION			
	MIDDLE SCHOOL	FORUM	38		
20	LESLEY OF	MOPS EMPLOYEE			
	COLESVILLE	MEETING	8		
21	AMBROSIA	DR. STARR			
	ROUTE 355	MEETING	18		
23	PAINE BRANCH	SCHOOL			
	SPRINGBROOK HS	VISITS	20		
27	SPRINGBROOK	SCHOOL			
	HIGH SCHOOL	VISIT	12		
			Totals	208	V

Please transfer these totals to Front Side ➡

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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) 	Job Title Board Member
(City) (State) (ZIP Code) Maryland	Submitted for Month of: <u>January</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
11	CEEC	POW			
	ROCKVILLE	PICK UP	19		
11	CEEC	MEET			
	ROOM #127	MEETING	19		
13	CEEC	ARC			
	ROOM #123	MEETING	19		
13	CEEC	BUDGET			
	AUDITORIUM	HEARING	19		
15	CASHELL	WALK THRU			
	ELEMENTARY	BOE APPROVAL	12		
15	PRINCE GEORGES	CIP PRESS			
	HIGH SCHOOL	CONFERENCE	14		
20	PRINCE GEORGES	HIGH SCHOOL			
	HIGH SCHOOL	ADMINISTRATORS	14		

(continue on back)	Total This Page	119 <del>135</del> <sup>210</sup>	For Accounting Use Only
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	171	_____ miles @ _____
	GRAND TOTAL	306	Other: _____
			Pay: _____

	290	1,31,10
Signature, Employee		Date
		2,27,10
Signature, Principal/Supervisor		Date

<input checked="" type="checkbox"/> APPROVED		2,10,10
	Signature, Account Manager	Date
ACCOUNT NUMBER		





*Handwritten initials*

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. [REDACTED]			Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name (Last) (First) (Middle) Durso Michael			Board of Education	
Address (Street No.) (Street) (Apt. No.) [REDACTED]			No. Miles to and from Home and Base Location 109 To BOE	
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]			Job Title Board Member	
			Submitted for Month of: FEBRUARY Use one form for each month	

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	COUNTY COUNCIL ROCKVILLE	EDUCATION COMMITTEE	17		
1	SHENWOOD	SCHOOL VISIT	8		
2	KEY	SCHOOL VISIT	18		
3	COMMUNAL FOUNDATION	PANEL PREPARATION	16		
4	KENSINGTON TOWN HALL	CENSUS COMMITTEE	16		
4	COUNTY EXEC. OFFICE	BUDGET BRIEFING	17		
4	COUNTY EXEC. COUNCIL MEETING			1.00	
5	ROCKVILLE	UNIT CC MEMBER	17		
5	COUNTY COUNCIL			1.00	
(continue on back)			Total This Page	109	2.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	69	—
			GRAND TOTAL	178	2.00
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

*Michael A. Durso* \_\_\_\_\_ 2/28/10  
 Signature, Employee Date

*[Signature]* \_\_\_\_\_ 3/9/10  
 Signature, Principal/Supervisor Date

APPROVED \_\_\_\_\_ 3/10/10  
 Signature, Account Manager Date

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. [REDACTED]			Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education	
Name (Last) (First) (Middle) Durso Michael		No. Miles to and from Home and Base Location 19		
Address (Street No.) (Street) (Apt. No.) [REDACTED]			Job Title Board Member	
(City) [REDACTED]		(State) Maryland	(ZIP Code) [REDACTED]	Submitted for Month of: <u>MARCH</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	
2	COUNTY COUNCIL	EDUCATION COMMITTEE	17		
2	COUNCIL PLUNGE			3.50	
3	BRIGGS CHARNEL MS	READING PROGRAM	10		
3	GREAT VENECA ES	READING PROGRAM	34		
5	RACHEL GANNON ES	READING PROGRAM	28		
10	ROSCOE RIX ES	PARENT ACADEMY	20		
10	MD SENATE, ANNAPOLIS	MARE LORNEON	80		(REVERSE SIDE)
10	ANNAPOLIS			4.50	
(continue on back)			Total This Page	189 <sup>RG</sup>	8.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	124 <sup>RG</sup>	
			GRAND TOTAL	313 <sup>RG</sup>	8.00
				For Accounting Use Only _____ miles @ _____ Other _____ Pay _____	

Michael Durso Signature, Employee Date 3, 31, 10

[Signature] Signature, Principal/Supervisor Date 5, 5, 10

[Signature] Signature, Account Manager Date 5, 5, 10

**PAID**  
1692

APPROVED

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: <i>MARCH - 2010</i>			Parking, Tolls, Public Transportation*		
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
					380
					Fee Computer Number: 1
					Cashier: Id #100
					Transaction Number: 122753
					Entered: 03/10/2010 10:39
					Exited: 03/10/2010 13:24
					Lot: Lot 1
					Area: Gotts Main
					Rate: Gotts Garage Var.
					Parking Fee: \$ 4.50
					Total Fee: \$ 4.50
					Cash: \$ 4.50
					Total: \$ 4.50
10	FLOWEN VALLEY ES	CIVIC ASSOC. MEETING	14		
12	BEHESJA MARRIOTT	PUBLIC SAFETY CIRCUIT	30		
15	EDISON CENTER	SCHOOL VISIT	20		
18	TWIN BROOK ELEMENTARY	RAA CLUSTER MEETING	20		
24	KEY MIDDLE SCHOOL	PRESS CONFERENCE	20		
25	ROCK CREEK FOREST ES	B-CC CLUSTER	20		
			Totals	124	/

Please transfer these totals to Front Side



Totals

124



5/17

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. [REDACTED]	Base School Location New: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last) (First) (Middle) Durso Michael	Board of Education No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: APRIL Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	
23	CEJC #120	SUBMIT FINANCIAL FORM	19		
25	MT. CALVARY CHURCH	NAACP DINNER	12		
28	CEJC #120	RETURN ENVELOPES	19		
29	COUNTY COUNCIL ROCKVILLE	COMMITTEE MEETING	21		
29	COUNTY COUNCIL ROCKVILLE	→		3.50	
30	COUNTY COUNCIL ROCKVILLE	COMMITTEE MEETING	21		
30	COUNTY COUNCIL ROCKVILLE	→		3.50	

(continue on back)	Total This Page	92	7.00	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page			
	GRAND TOTAL	92	7.00	

Michael A. Durso 4/30/10  
 Signature, Employee Date  
 [Signature] 5/17/10  
 Signature, Principal Supervisor Date  
 [Signature] 5/18/10  
 Signature, Account Manager Date

PAID

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19 MILES
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <i>May</i> <del>Use one form for each month</del>

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	REED MIDDLE SCHOOL	DEDICATION	20		
2	SPRINGBROOK HIGH SCHOOL	APR FRATERN. AWARDS	12		
6	BROAD ACRES ES	MONTHLY "NEED-SEED"	24		
6	COUNTY COUNCIL BUILDING	BUDGET COMMITTEE	22		
10	BLAKE HIGH SCHOOL	SENIOR GRADUATES	4		
12	EDINON CENTER	TEACHER MEETING	20		
13	SPRINGBROOK HIGH SCHOOL	AWARDS PROGRAM	12		
14	SPRINGBROOK ES	CAREER DAY	8		
(continue on back)			Total This Page	122	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	287	2:00
			GRAND TOTAL	349	2:00

For Accounting Use Only  
\_\_\_\_\_ miles @ \_\_\_\_\_  
Other \_\_\_\_\_  
Pay \_\_\_\_\_

*Michael Durso*  
Signature, Employee  
Date: 5/31/10

*[Signature]*  
Signature, Principal/Supervisor  
Date: 6/7/10

*[Signature]*  
Signature, Account Manager  
Date: 6/8/10

**PAID**  
1/6/11

APPROVED

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: May - 2010

Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
14	BETHESDA	EDUCATION			
	DOUBLETREE	FOUNDATION	30		PAID
17	CLARKSBURG	GRADUATION			IR
	NIGHT SCHOOL	MEETING	35		01-1470N6
18	COUNTY COUNCIL	EDUCATION			10-05-#201
	OFFICE	COMMITTEE	21		018-13:55EK
18	COUNTY COUNCIL				10-05-#201
	OFFICE	—————>		1.00	018-12:44EK
19	BETHESDA	ANNUAL			A...1.00\$
	MARriott	PTSA Dinner	30		....1.00\$
25	LEE	PARENT			
	MIDDLE	ACADEMY	20		
26	CENC	JOINT			
	AWIFORIUM	COMMITTEE(S)	19		
27	COUNTY	BUDGET			
	COUNCIL	SESSION	21		
27	COUNTY	—————>		1.00	
	COUNCIL				
27	CHEVENSELL	SCHOOL			
	HIGH SCHOOL	VISIT	30		
27	CENC	BUDGET			
	# 120	BRIEFING	21		PAID
					IR
					01-3255N6
					10-05-#401
					027-10:14EK
					10-05-#401
					027-09:13EN
					A...1.00\$
					....1.00\$

Please transfer these totals to Front Side  $\rightarrow$

Totals  $\downarrow$  227 2.00



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19 MILES
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: JUNE Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6-1	BLAKE HIGH SCHOOL	GRADUATION BUS	4		
6-2	PAINE BARNETT HIGH SCHOOL	GRADUATION BUS	16		
6-3	RICA PROGRAM	GRADUATION CEREMONY	25		
6-3	NEEDHAM EDWIN H'S	SCHOOL VISITS	20		
6-4	Mt. St. Mary's EMMAUSBURG	CLATS 2010 GRADUATION	90		
6-9	RM HIGHL SCHOOL	MCPS RETIREES	25		
6-10	NEATHALLS H'S	GLEN HAVEN PROMOTION	18		
(continue on back)			Total This Page	198	00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	170	00
			GRAND TOTAL	368	00

For Accounting Use Only  
\_\_\_\_\_ miles @ \_\_\_\_\_  
Other \_\_\_\_\_  
Pay \_\_\_\_\_

*Michael Durso*  
Signature, Employee

6-30-10  
Date

*[Signature]*  
Signature, Principal/Supervisor

7-7-10  
Date

**PAID**  
7/8/10

APPROVED

*[Signature]*  
Signature, Account Manager

7-21-10  
Date

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: July Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	PANERA	MEET WITH			
	TECH ROAD	ASST. PRIN.	22		
1	CESC	SMOB			
	BOARD ROOM	SWEARING IN	19		
7	HOLLYWOOD	MEET WITH			
	SINEN (ROCK.)	BOARD - OMBUS.	20		

PAID  
302

(continue on back)	Total This Page	61	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	—	
	GRAND TOTAL	61	

Michael A Durso 7/31/10  
 Signature, Employee Date

[Signature] 8/31/10  
 Signature, Principal/Supervisor Date

APPROVED [Signature] 8/31/10  
 Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]



**Corporate Purchasing  
Cardmember Report**

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**MICHAEL DURSO**  
**MCPS MDTAX**

Account Number  
XXXX-XXXX

Closing Date  
07/28/10

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	79.94	0.00	0.00	0.00	79.94	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](http://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 \$
XXXX-XXXX		
06/30/10 EDWEEK.ORG 178186201 BETHESDA MD 77770107000 79.94 REF# 77770107 800-445-8250 06/30/10 BUSINESS SERVI ROC NUMBER 77770107	Renewal	
<b>Total for MICHAEL DURSO</b>	New Charges/Other Debits Payments/Other Credits	79.94 0.00

Do not staple or use paper clips  
**Payment Coupon**

Account Number

Please enter account number on all correspondence.



MICHAEL DURSO  
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.

# EDUCATION WEEK

PO Box 3005  
Langhorne, PA 19047

PUB: Education Week

01/13/11

EDWQ000020755 03  
MICHAEL DURSO

[REDACTED]  
[REDACTED] MD [REDACTED]

RE: RENEWAL PAID 6/29/10 1YR 79.94 CC# [REDACTED] X 13

Dear MICHAEL DURSO:

Thank you for your recent communication.

We have verified receipt of your payment and found everything to be in order.

We value you as a subscriber to Education Week. If you have any questions or concerns, please contact us at (800)445-8250 or [epesubscribe@icnfull.com](mailto:epesubscribe@icnfull.com).

Sincerely,

Helen Sullivan  
Subscription Services

P.S. FAX 301 279 3860

57/1102EDW

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE  
FOR USE OF PRIVATE VEHICLE

*Handwritten initials*

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: AUGUST Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4	FESTIVAL CENTER	INTERN ORIENTATION	24		
5	FESTIVAL CENTER	APZ ORIENTATION	24		
10	AZUCAR, LAWHILL ROAD	PRINCIPAL CONVENTION	8		
18	ROCK. HOME CENTER	ANNUAL OPEN HOUSE	16		
30	CRESTHAVEN ELEMENTARY	BACK PARK DISTRIBUTION	20		
31	CEVC, ROOM 123	EMBASSYMAN, DIN - ATHLETICS	19		
(continue on back)			Total This Page 111 <i>plus</i>	↓	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page _____		
			GRAND TOTAL 111 <i>plus</i>		

**PAID**  
5559

*Michael R Durso*  
Signature, Employee 8/31/10  
Date

*[Signature]*  
Signature, Principal/Supervisor 9/15/10  
Date

*[Signature]*  
Signature, Account Manager 9/16/10  
Date

APPROVED

ACCOUNT NUMBER [REDACTED]

Janey 10/14

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: SEPTEMBER Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
5	KENNINGTON	CARON DAY			
	OLDE TOWNE	PARADE	16		
6	GAITHERSBURG	CARON DAY			
	SUMMIT AVE	PARADE	30		
7	ISLAND CEN.	IFTAN			
	NEW HAMP AVE	CELEBRATION	5		
15	CEC	MOEA-BUE			
	BOARDS ROOM	MEETING	19		
	"	"			
17	AZUCAN	REC-SOC			
	RESTAURANT	LUNCH	8		
	"	"			
21	COUNTY COUNCIL	BUE-COUNCIL			
	ROCKVILLE	LUNcheon	19		
(continue on back)			Total This Page	97	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	177	
			GRAND TOTAL	274	
				For Accounting Use Only _____ miles @ .50 Other _____ Pay _____	

PAID 137.00

Michael A Durso 9/30/10  
 Signature, Employee Date

[Signature] 10/12/10  
 Signature, Principal/Supervisor Date

APPROVED [Signature] 10/13/10  
 Signature, Account Manager Date

ACCOUNT NUMBER [REDACTED]







# Corporate Purchasing Cardmember Report

**Sign-up For Online  
Statements**

[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
**MICHAEL DURSO**  
MCPS MDTAX [REDACTED]

Account Number  
XXXX-XXXX [REDACTED]

Closing Date  
09/28/10

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do Not Pay
79.94	1,567.00	0.00	79.94	0.00	1,567.00

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](http://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 \$
XXXX-XXXX [REDACTED]		
09/09/10 CORPORATE REMITTANCE RECEIVED 09/09	[REDACTED]	-79.94
09/22/10 AMERICANASSOCSCHOOLA 730-875-0779 VA REF# 155244 CHARITABLE ORG 09/22/10	[REDACTED]	825.00
09/24/10 NSBA 0115 ALEXANDRIA VA REF# 39400030 703-838-6722 09/24/10 CONTRIBUTIONS/ ROC NUMBER 39400030	[REDACTED]	695.00
09/14/10 NSBA 276162440883 ALEXANDRIA VA REF# 39420014 703-838-6722 09/14/10 CONTRIBUTIONS/ ROC NUMBER 39420014	[REDACTED]	47.00
<b>Total for MICHAEL DURSO</b>	New Charges/Other Debits Payments/Other Credits	1,567.00 -79.94

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
[REDACTED]

Please enter account number on all correspondence.



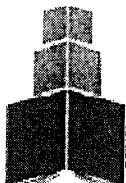
MICHAEL DURSO  
MCPS MDTAX [REDACTED]  
850 HUNGERFORD RM123  
ROCKVILLE MD 20850

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

**Gibson, Becky**

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**From:** aasareg@cmrus.com  
**Sent:** Wednesday, September 22, 2010 2:39 PM  
**To:** Gibson, Becky  
**Subject:** Confirmation # [REDACTED] Michael A. Durso: 1/17/2011 12:00:00 AM



NATIONAL CONFERENCE ON  
EDUCATION

**AASA 2011 National Conference on Education**



**Your Registration Confirmation #** [REDACTED]

Michael A. Durso  
Montgomery County Board of Education  
850 Hungerford Drive, Room 123  
Rockville, MD 20850  
United States

**Registration Details:**

1 - National Conference on Education Annual Meeting Registration \$825.00

**Total Registration Fees:** \$825.00

**Total Payment To Date:** \$825.00

--9/22/2010 11:39:23 AM, Amex, ... [REDACTED] \$825.00

We are pleased to confirm your registration for the AASA National Conference on Education, to be held on February 17-19, 2011 at the Colorado Convention Center in Denver, CO.

**BRING YOUR BARCODE WITH YOU AND BREEZE THROUGH REGISTRATION!** To improve the registration process, badges and tickets will not be mailed in advance of the meeting. Confirmations will be sent via e-mail or faxed to all attendees who have pre-registered. The barcode included on this confirmation will speed you through the registration and materials pick-up area. If you do not see the barcode prior to printing, right-click on the image above to display the barcode.

Because education is your passion and it's the cornerstone of your career, AASA, through the National Conference on Education, is providing you the opportunity to strengthen your foundation with fresh knowledge and make new connections. You'll find presentations by the nation's premier thought leaders, plus educational sessions that explore innovative solutions to your most pressing challenges that you can put to use immediately. You'll also have plenty of time for networking, visiting the NCE Marketplace, and getting inspired by our General Session Speakers.

If you paid for your registration by credit card a charge from "AASA/NCE Reg" will appear on your credit card statement. For the latest information about the annual meeting, visit [www.aasa.org/nce](http://www.aasa.org/nce).

We look forward to welcoming you to Colorado!

**Cancellations:**

- \* Cancellation must be made in writing and received by Monday, January 17, 2011.
- \* Send cancellation or refund requests to AASA NCE Registration by email at [aasareg@cmrus.com](mailto:aasareg@cmrus.com) or by fax at (415) 293-4070.
- \* AASA does not accept cancellation requests made by phone.
- \* No refunds or name changes will be allowed after Monday, January 17th.
- \* Refunds will be processed by April 30, 2011.
- \* Cancellations are subject to a \$100 administrative fee.
- \* If registration is paid by PO, the \$25 PO fee will also be assessed.
- \* Tour, special event and meal ticket refunds are given only for full conference cancellations before January 20, 2010.
- \* No-shows will not receive a refund.
- \* No refunds are granted for "no-shows", and full payment is required and will be invoiced until full payment is received.
- \* Substitutions must be made in writing and received by Monday, January 17, 2011. Substitution requests can be emailed to [aasareg@cmrus.com](mailto:aasareg@cmrus.com).

**Housing:**

If you haven't made your housing reservations yet, [click here](#) to reserve now! You will need your registration confirmation ID# available to make your housing reservations.

Please review this information carefully. Changes and corrections can be made by email at [aasareg@cmrus.com](mailto:aasareg@cmrus.com), or by fax at (415) 293-4070. A new confirmation will be sent after each change or correction.

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To make changes to your registration record, visit the following link:

[https://www2.cmrrreg.com/aasa\\_1a/register.aspx](https://www2.cmrrreg.com/aasa_1a/register.aspx)

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**Gibson, Becky**

**From:** registration@nsba.org  
**Sent:** Thursday, September 23, 2010 3:19 PM  
**To:** Durso, Michael A.  
**Cc:** Gibson, Becky  
**Subject:** 2011 Annual Conference Confirmation Letter



09/23/2010

**Confirmation ID #:** [REDACTED]

Dear Mr. Durso:

We are delighted you will be joining us for NSBA's 71<sup>st</sup> Annual Conference to be held April 9 – 11, 2011, at the Moscone Convention Center in San Francisco, California. The programs you have chosen are listed below.

Registration Details For: Mr. Michael Durso  
 Board Member  
 Montgomery County Board of Education

Qty	Item	Sub-Total	Discount	Paid	Balance
1	National Affiliate Early Rate Registration Fee	695.00	0.00	695.00	0.00

NSBA conference registration is located in the Moscone Convention Center – North Upper Foyer. **All registrants must pick up their registration packet in person.**

Registration hours are:	Friday, April 8	8:00 a.m. – 5:00 p.m.
	Saturday, April 9	7:30 a.m. – 5:00 p.m.
	Sunday, April 10	8:00 a.m. – 4:30 p.m.
	Monday, April 11	7:30 a.m. – 1:00 p.m.

**IF YOU ARE REGISTERED FOR THE COUNCIL OF SCHOOL ATTORNEYS' SCHOOL LAW SEMINAR**, please pick up your badge and seminar materials at the **Hilton San Francisco Union Square, Yosemite Foyer**. If you are also registered for NSBA's conference, your conference badge will be available with your seminar materials at the Hilton. Registration begins on Thursday, April 7 at 12 noon. The School Law Seminar begins on Thursday, April 7 with Early Bird Concurrent Sessions at 3:00 p.m. and General Session at 5:00 p.m. The seminar will adjourn on Saturday, April 9 at 12 Noon.



**National School Boards Association**

1680 Duke Street, Alexandria, VA 22314-3493  
Phone: 703-838-6722 FAX: 703-548-5560  
Federal ID #: 36-2210015

**Bill To:**

Mr. Michael Durso  
[Redacted]

**Invoice**

<b>Invoice #</b> 102064
<b>Invoice Date</b> 09/13/2010
<b>Customer ID #</b> [Redacted]
<b>Bill To #</b> [Redacted]
<b>PO #</b>

Date	Description	Amount
09/13/2010	ASBJ Subscription Payment	\$47.00
09/13/2010	Payment - Ref # [Redacted]	- \$47.00
<b>Total Due In US Funds</b>		<b>\$0.00</b>

Please send payments to:

NSBA, PO Box 1807, Merrifield, VA 22116-8007

**Please detach and return with your remittance**

Mr. Michael Durso  
[Redacted]

**Invoice #** 102064      **Bill To ID #** [Redacted]  
**Invoice Date** 09/13/2010      **Customer ID #** [Redacted]

Select Payment Method	
<input type="checkbox"/> Check Enclosed (made payable to NSBA in U.S.Funds)	
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX    Exp Date ____/____	
CVV _____	
Card # _____	
Name as it appears on card _____	(Please Print)
Cardholder's Signature _____	
Cardholder's Phone no _____	
Cardholder's Zipcode _____	
Total Due \$0.00	Amount Paid \$ _____

Please send payments to:

**National School Boards Association**  
PO Box 1807, Merrifield, VA, 22116-8007

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) (First) (Middle) Durso Michael	No. Miles to and from Home and Base Location 19 MILES
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Board Member
(City) (State) (ZIP Code) [REDACTED] Maryland [REDACTED]	Submitted for Month of: <u>OCTOBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*		
				Amount	Item	
1	HOME FROM OCEAN CITY	ANNUAL MARE CONFERENCE	150	↓		
6	NANNY'S BUNKERSVILLE	MEET WITH ES PRINCIPAL	12			
6	MCAP, ROCKVILLE	MCAP-BOE ANNUAL Mtg	18			
13	CESC AUDITORIUM	COMMUNITY FORUM	19			
15	ARC OF DC MICHIGAN AVE NE	TRANSITION SERVICES	26			
18	SEMINOLS RESTAURANT	PARENT MEETING	10			
20	CESC #123	STRATEGIC PLANNING	19			
(continue on back)			Total This Page		354 <sup>26</sup>	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page		114 <sup>26</sup>	
			GRAND TOTAL		308 <sup>26</sup>	

Michael Durso Signature, Employee 10/31/10 Date 184

[Signature] Signature, Principal/Supervisor 11/5/10 Date

[Signature] Signature, Account Manager 11/9/10 Date

APPROVED

ACCOUNT NUMBER [REDACTED]

Submitted For Month Of: OCTOBER 2010 Parking, Tolls, Public Transportation\*

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Amount	Item
21	CEFC AUDITORIUM	DISCONTINUED SERVICE	19		
22	CEFC #123	SIIP1 BRIEFING	19		
25	PANAMA @ FALLS MEAD	PARENT ADVISORY	30		
28	WHEATON NIGHT SCHOOL	COMMUNITY FORUM	16		
30	CLINTON A.M.E. CHURCH	PARENT MEETING	30		
Please transfer these totals to Front Side → Totals			. 114 <sup>RE</sup>		/

*amy*  
*10/15*

MONTGOMERY COUNTY BOARD OF EDUCATION  
Rockville, Maryland

October 14, 2010

PAID

MEMORANDUM

To: Mr. Robert Doody, Controller  
Division of Controller

From: Roland Ikheloa, Chief of Staff *R. Ikheloa*

Subject: Check Request Payable to **MCAAP**

Please issue a check in the amount of **\$80.00** in payment of one to attend the MCAAP Fall Conference. Please mail registration along with check to the MCAAP office located at 30 West Gude Drive, Suite 100, Rockville, Maryland 20850.

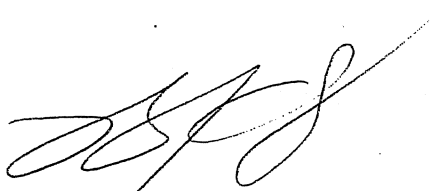
Please charge the account number indicated.

Mr. Michael Durso.....

Thank you.

RI:rlg

Attachment

Approved  \_\_\_\_\_



# Leadership: Seeing is Believing



## Registration Information

Name: Mike Durso

Title: Board Member Work Location Board of Education

Preferred Email: Becky-Gibson@mcpssmd.org

*You will receive an electronic confirmation with more details at the above email.*

Work Location: \_\_\_\_\_ Phone Number: 301-279-3617

Check off Payment: \_\_\_\_\_ \$60 MCAAP Member

\$80 Non Member

**Registration Deadline-Friday October 8, 2010. Checks payable to MCAAP.**

Registration fee includes the following: morning coffee and light continental refreshments, catered brunch, smoothie pm break, all materials, three break-out sessions with multiple workshops available, two general sessions, wellness stations, and opportunities to network.

*Please plan to continue  
the networking...*

Private Social Function  
4:00 to 7:00 pm  
Tony and James Restaurant  
Main Street in Kentlands  
(Cash Bar)

*8<sup>th</sup> Annual MCAAP Fall Conference*

**Friday, October 15, 2010**

Richard Montgomery High School

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>NOVEMBER</u> Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
3	LEBO'S @ COLEVILLE	CONSPIRACY VIDEO DISC.	10		
4	CESC BOARDS ROOM	FACILITIES C.I.P.	19		
5	CESC #123	MAINT WORK GACUP TRAINING	19		
6	NEW FORTUNE RESTAURANT	OCA-DC DINNER	21		
10	BOE-CESC AWITONUM	FACILITIES - BOUNDARIES	19		
11	BOE-CESC AWITONUM	FACILITIES - BOUNDARIES	19		
12	FESTIVAL CEN, MUDDY BARACH	PSYCHOLOGIST'S LUNCHEON	30		
(continue on back)			Total This Page	137	
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	219	11.75
			GRAND TOTAL	356	11.75
				For Accounting Use Only	
				_____ miles @ _____	
				Other: _____	
				Pay: _____	

Signature, Employee: Michael A Durso Date: 11/30/10

Signature, Principal/Supervisor: [Signature] Date: 12/15/10

APPROVED Signature, Account Manager: [Signature] Date: 12/15/10

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board of Education
Name (Last) Durso (First) Michael (Middle)	No. Miles to and from Home and Base Location 19
Address (Street No.) (Street) (Apt. No.)	Job Title Board Member
(City) (State) Maryland (ZIP Code)	Submitted for Month of: <u>DECEMBER</u> <del>Use one form for each month</del>

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1	CESC AUDITORIUM	SWEARING-IN FOR BOE	19		
2	MCPS ROCKVILLE	MEETING CHIEF MARGEN	20		
9	CALWAY ELEMENTARY	PRINCIPAL VISIT	16		
9	BROAD ACRES ELEMENTARY	" NEEDS AND SEEDS"	20		
13	MARIOTT N. BETHESDA	COMM - MONTGOM. BREAKFAST	20		
13	COUNTY COUNCIL BUILDING	ERVIN-ELRICHT MEETINGS	18		
13	COUNTY COUNCIL BUILDING	PARKING		6.00	
14	7361 CATION PL	HQA SEARCH	16	6.00	
(continue on back)			Total This Page	129.00	6.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	45	
			GRAND TOTAL	224	6.00

Signature, Employee: <u>[Signature]</u> Date: <u>12, 31, 10</u>	For Accounting Use Only _____ miles @ _____ Other: _____ Pay: _____
Signature, Principal/Supervisor: <u>[Signature]</u> Date: <u>1, 5, 11</u>	
<input checked="" type="checkbox"/> APPROVED Signature, Account Manager: <u>[Signature]</u> Date: <u>1, 6, 11</u>	118
ACCOUNT NUMBER [REDACTED]	

