



# Request/Accounting for Nonlocal Travel Funds

Division of Controller  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form 281-1  
December 2014

**INSTRUCTIONS:** This form is required for authorization and accounting for funds for nonlocal travel.

**Authorization of Travel/Funds**—At least 30 days prior to travel, this form must be approved by both the principal/director and the deputy/associate superintendent. Advances will not be made more than 30 days before the trip. No advance will be made if estimate of expenses total less than \$100 or if there are prior travel advances outstanding. Retain a copy of the approved form for use in final settlement of travel expenses.

**Accounting for Travel Expenses**—Use the approved copy to account for travel expenses **within 10 business days after completion of trip**. Forward, with original receipts, as appropriate, to your account manager, who will send the completed form as soon as possible to the Division of Controller, 45 West Gude Drive, Suite 3200, Rockville, Maryland.

**Reference:** Regulation DIE-RA: *Travel for Montgomery County Public Schools (MCPS) Purposes.*

## PART I: REQUEST INFORMATION—To be completed by employee/traveler

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Job Title \_\_\_\_\_  
*(If teacher, indicate subject/grade and coverage required.)*

Dates of Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ Days of Official Business \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Days Requested \_\_\_\_  Professional  Annual MCAAP/MCBOA Travel Funds \$\_\_\_\_\_

Place of Travel \_\_\_\_\_ Purpose of Travel \_\_\_\_\_

Estimated Travel Expenses \$\_\_\_\_\_ Advance Requested \$\_\_\_\_\_ Lodging (per day) \$\_\_\_\_\_

Mode of Travel:  Common Carrier  Privately Owned Vehicle

For benefit of MCPS—Attach justification if destination is more than 150 miles

For benefit of employee—Reimbursement limited to cost of airfare; lodging and subsistence limited to that incurred if travel were by scheduled airline.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Employee/Traveler School/Department \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## PART II: REVIEW AND AUTHORIZATION—To be completed by Principal/Director

Substitute Day(s) Needed \_\_\_\_\_ Account #: (Travel) \_\_\_\_\_ .0000.0000.00

Max. Funds Allowable \$ \_\_\_\_\_ Account #: (Registration) \_\_\_\_\_ .0000.0000.00

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Principal/Director Date Signature, Associate Superintendent/Deputy/CAO/COO \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## PART III: ACCOUNTING FOR TRAVEL EXPENSES—To be completed by employee/traveler

Please complete "Estimated" column with initial request; "Actual" column within 10 business days after completion of trip. Write "prepaid" by any item that was separately paid directly by MCPS.

Expenses	Estimated	Actual	Accounting
Lodging (Attach original receipts)	\$ _____	\$ _____	_____
Subsistence: (Attach original receipts)	\$ _____	\$ _____	_____
Common Carrier (Attach original receipts)	\$ _____	\$ _____	_____
Ground Travel (e.g., taxi, airport limousine, parking)	\$ _____	\$ _____	_____
Privately Owned Vehicle: ____ miles @ \$ ____ per mile	\$ _____	\$ _____	_____
Registration (Attach receipted bill.)	\$ _____	\$ _____	_____
Other (Attach explanation and receipted bill(s))	\$ _____	\$ _____	_____
<b>Total Reimbursable Expenses</b>	\$ _____	\$ _____	_____
	<b>Less Advance</b>	\$ _____	_____
Check # _____ (Attach check)	\$ _____	\$ _____	_____
	<b>Due Employee</b>	\$ _____	_____

I certify the above expense statement to be accurate and complete

**APPROVED**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Employee/Traveler (after travel) Date Signature, Associate Superintendent/Deputy/CAO/COO \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date