# Mrs. Patricia O'Neill

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

**************************************		T 0					Base School Lo	cation New: ☐ Yes ☑ No
Employee	e ID No. 0	0	0			`.	Boa	rd of Education
Name	(Last)			(First)		(Middle)	No. Miles to and	from Home and Base Location
O'Neill				Patricia				22.0
Address	(Street N	Vo.)	(Street)			(Apt. No.)	Job Title	
			V-1-07-747-747-747-747-747-74				Board Member	
	(City)		-		(State) Maryland	(ZIP Code)	Submitted for Mo	
Dete	000	stination		Durnons of	Teiro	No. of Miles	Parking, Toll	s, Public Transportation*
Date	Des	siliation		Purpose of	Пр	Reimbursable	Amount	Item
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43	CAR	VE	-	LNTEA	VIEW	22.0		·
17	THE			UR, STA	HRR	22.0		
1/9	CARI	JER	>	JOINT E	DARR	3 24,0		
1/15	CARI	151	)	MANG IV	14(	32,0		
1/18	CAN	UE	R.	BUDGET	LITTAN	22,6		
1/23	CARNE	22	- 40	BUDGET W	DOK	>>.0		
1/20	1)86			WOMENS 6	-	24.0		
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				Signature, Principal/Sup	ervisor		Date	
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1				Signature, Account Mai	nager			
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MCPS For	rm 220-2. Re	v 8/07						

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

Employee	ID No. 0 0 0	0		Base School Location New: ☐ Yes ☑ No  Board of Education
Name O'Neill	(Last)	(First) Patricia	(Middle)	No. Miles to and from Home and Base Locatic 22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title Board Member
	(City)	(State) Marylar	(ZIP Code)	Submitted for Month of:
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*  Amount Item
2/5/	NEW FORUNE CANUGA	LUNAR PEW YOU	24,0	
2/26	CARVER	QUARTELY CON.	22,0	
2, 47	CRVER	D54	22,0	
	ck) ROPRIATE RECEIPTS UST BE ATTACHED	Total This Page Total Reverse Page GRAND TOTAL	134	For Accounting Use Only  miles @ Other Pay
	The second secon	Signature, Employee  Signature, Principal/Supervisor	2	3 14 14 Date 1
#PPROVE	ED	Signature, Account Manager		l , U ,   Y
AGCOUN	T NUMBER			

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

			and the second		***************************************						
			<del></del>						Base Sch	ool Location New:   Yes	Ø No
Employee	e ID No.	0	0	0	0					Board of Education	
Name	(La	ıst)				(First)		(Middle)	No. Miles to	and from Home and Base	e Location
O'Neill						Patricia			-	22.0	
Address	(St	reet N	0.)	(Stree	et)			(Apt. No.)	Job Title		
		<b>)</b>			:				Board Mer	nber	•
	(Cit	ty)					(State)	(ZIP Code)	Submitted	for Month of: MARK	r d
	<b>)</b>						Maryland		Use one	form for each month	
D-+-		D		-		D	1 T.:	No. of Miles	Parkin	g, Tolls, Public Transporta	ation*
Date		Dest	inatio	n .		Purpose o	or Irip	Reimbursable	Amount	ltem	
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3/14	TE	B	)			BUD	561	20.0	1		
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### MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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				Base School	ol Location New: 🗆 Yes 🗹 No
Employe	e ID No. 0 0 0	0	<u> </u>		Board of Education
Name	(Last)	(First)	(Middle)	No. Miles to	and from Home and Base Location
O'Neill		Patricia			22.0
Address	(Street No.) (Stre	et)	(Apt. No.)	Job Title	
				Board Mem	ber
	(City)	(State) Maryla	(ZIP Code) nd		or Month of 2013 rm for each month
Data	Destination	Durnoso of Trin	No. of Miles	Parking,	, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount	ltem
Ve	WAMU	KOUD SHOW	1110		
1/10	CARVER	BUDGET HEAR	ING 27, 0		
1/15	CARVER	POLICY COR	1 22.0		
1/16	CARVER	SEASOL SAFETY	25.0	1	
1/19	CONFCENT	1	10,0		
1/23	CARVER	ED. FOUNDATION	v 22.0		
124	SARVER	AM STRATT PLAN	22.0		
1/24	CARVELY	M SUDGET WORK	22.0		
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	E	Signature, Account Manager		Date	
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ACCOU	NT NUMBER				·



# PURCHASING CARD Card Member Transaction Log

Office of the Chief Operating Officer

MCPS Form 234-21 June 2009

	Maryland 20850	
Department of Materials Management	MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850	

Card member name Fatricia O'Neill	e_Fatricia O'Neill					
School/office name	School/office name Board of Education	uc	Work locatio	Work location_CESC, Room 123		
For the period: From December 29, 2012	m December 29, 2	.012 To January	28, 2013	USE SEPARATE LOG FOR EACH ACCOUNT	TH ACCOUNT	
Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
01/23/2013	01/24/2013	\$52.20	\$52.20 Clydes Tower Oaks, Rockville	Lunch meeting with Board member	01/28/2012	8
				Rebecca Smondrowski		
		2				
	~					
		3.5				4
	1.					
		- - - - - - - - - - - - - - - - - - -				
	Total	\$52.20				uto es

# 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 misrepresentations omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signafule, Approving Official

### **Corporate Purchasing** Cardmember Report

New Charges \$

52.20

TRICIA O'NEILL CPS MDTAX

0.00

Previous Balance \$

Account Number XXXX-XXXX

Other Debits \$

0.00

Closing Date 01/28/13

Other Credits \$

0.00

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Page 1 of 2

Balance

Due \$ Do Not Pay

**52.20** For important information regarding your account refer to page 2.

or your records only - do not pay.

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

Payments \$

0.00

Date reflects either transaction or posting date

Reference Code Amount \$ ard Number XXXX-XXXX /24/13 CLYDES TOWER OAKS LG ROCKVILLE MD 15600000000 52.20 REF# 156 301-294-0200 01/23/13

otal for PATRICIA O'NEILL

New Charges/Other-Debits Payments/Other Credits

52.20 0.00

)o not staple or use paper clips **Payment Coupon** 



Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE MD

20850 - 1718

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

### 01/23/2013 - Patricia O'Neill - Lunch meeting with Rebecca Smondrowski

leil
Thomas of the Real of the

### 301-294-0200 WWW.CLYDES.COM

0156 Table 345 #Party 2

VICTORIA Y SvrCk: 7 1:16p 01/23/13

#### RESTAURANT

2	WATER		0.00
1	CLUB SODA		2.85
1	ICED TEA		3.00
1	BACON CHZBURGER,	medium	11.95
1	JUMBO CRAB SAND		16.95
1	HOT TEA		3.50
1	DECAF COFFEE		3.50

Sub Total: 41.75 TaxSt : .51 3 1.53pTOTAL: 44.26

Stop By Our Bars To Check Out the NE ^ 4 6,8 MENU

O156 Server: VICTORIA Y Rec:111 01/23/13 14:00, Swind T: 345 Term: 10

CLYDES TOWER OAKS LOUGE 2 PRESERVE PARKWAY ROCKVILLE, MD 20859 (301)294-0200 MERCHANT #:

Name: PO NEILL

^^ TRANSACTION APPROVED
'HORIZATION #: 504317
'rence: 0123010000156
'IS TYPE: Credit Card SALE

ECK:

44.2E

· P:

\$,00

TAL:

52.20

Rebecca Smondrowch

PHONE: ( ) DUD \*\*\*Duplicate Copy\*\*\*

CARDHOLDER WILL PAY INKU ISSUER ABOVE
AMOUNT PURSUANT TO LARDHULDER AGREEMENT
\*\*\*\*\*\*\*\*

YOUR COMMENTS PLEASE AT WWW.(Line COM \*\*\*\*\*\*\*

BOTTOM>>>CUSTOMER

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

-					Base School Location	n New: 🗆 Yes 🗖 No
Employe	ee ID No.	0 0 0	0		Board of	Education
Name	(Last)		(First)	(Middle)	No. Miles to and from	Home and Base Location
O'Neill			Patricia		2	2.0
Address	(Street	: No.) (Street	)	(Apt. No.)	Job Title	
					Board Member	
	(City)		(State) Mary		Submitted for Month  Use one form for each	V 2) 1
Date	D	estination	Purpose of Trip	No. of Miles		ublic Transportation*
			1 dipose of hip	Reimbursable	Amount	ltem
2/1	CARU	ER	NEGOTIATION	15 22,0		
2/1	NEW	FORTUWE	- CUNAR DEW YE	AR 24.0		
2/6	KENNE	Dry HS	COSTR CIS	17 18.0		
20		VE BY	L INSPECTION	7 1/0		. •
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2/28	CARVE	ER A	M STRAT PLANN	114 22 0		
2/26	CARUFE	72	MCCPIA BUDG	# 22.0		
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		-	Signature Principal/Supervisor		3 14 / (2 Date	
			1 1		Date /	
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L APPRO	VED	:	(1)///		1 15/4	***************************************
			Signature, Account Manager		Date	женического
ACCOU	INT NUMBER					TO THE PARTY OF TH



# Card Member Transaction Log **PURCHASING CARD**

June 2009 MCPS Form 234-21

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

1	1 1		<u> </u>	·			 7				1
		Account (03, 05, etc.)									
	H ACCOUNT	Statement Date	03/30/2013								
Work location CESC, Room 123	USE SEPARATE LOG FOR EACH ACCOUNT	Supplies/Services (required) (Student or other—must be identified.)	Dinner meeting prior to cluster meeting	w/ O'Neill, Brandman, Smondrowski							
Work locatio	To March 30, 2013	Supplier Name	\$56.04 Hard Times Cafe, Rockville	7					·		
1		Total Amount (\$)	\$56.04			p	e Marine (g				\$56.04
Board of Education	n February 28, 201	Date Delivered	03/19/2013		-	. : .		****		- Mayring	Total
School/office name_Board of Education	For the period: From February 28, 2013	Date Ordered	03/19/2013								

# 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 maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Approving Official



### Corporate Purchasing Cardmember Report

### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

PATRICIA O'NEILL VICPS MDTAX

Account Number

Closing Date 03/30/13

Page 1 of 2

					Balance
Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Due \$ Do Not Pay
0.00	56.04	0.00	0.00	0.00	<b>56.04</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 or call Customer Service at 1-800-492-4920.

Activity

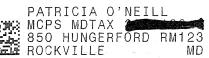
Date reflects either transaction or posting date

Card Nu	mber XXXX-XXXXX		Reference Code	Amount \$	
)3/19/13	HARD TIMES CAFE ROCK RC REF# 82 301-29	OCKVILLE MD 94-9720 03/19/13	8200000000	56.04	
Total for	PATRICIA O'NEILL		New Charges/Other Debits Payments/Other Credits	56.04 0.00	

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



Please enter account number on all correspondence.



20850 - 1718

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



D TIMES CAFE
KVILLE
2 TME# 33 #Party 1
"'A 0 SyrCk: 3 6:00p 03/19/13
/ER 2

	ĿA	2.49
	70i.£	2.49
	BODA	2.19
	RK STRIP	14.99
ì	CHEESEBURGER	10.38
1	BUN CHEESEBURGER	10.89

Sub Total: 43.43 FOOD TAX : 2.61 Sub Total: 10.34 03/19 6:37pTOTAL: 44 ...4

ASK YOUR SERVER ABOUT OUR GIFT CARDS!!!

CHECK#: 82

0082

Server: JORDANA 0 (#821) Rec: 54 03/19/13 18:37, Swiped T: 33 Term: 2

HARD TIMES CAFE
111 NELSON ST
RUC, /ILLE
(301)294-9720
MER HANT #:

CK: 46.04

1: 10.00 AL: 56.04

Parien Blell

\*\*\*Duplicate Cupy\*\*\*

CARDHOLDER WILL PAY CARD ISSUED ABOVE AMOUNT PURSUANT TO CARDHOLDER & BLEMENT

Reloecca. PAT POLICY & ROCKUILE

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

	0		Base School Location New: 1 Yes 1 No
Employee ID No.			Board of Education
Name (Last)	(First)	(Middle)	No. Miles to and from Home and Base Location
O'Neill	Patricia — — — — — — — — — — — — — — — — — — —		22.0
Address (Street No.) (Street)		(Apt. No.)	Job Title
			Board Member
(City)	(State) Maryland	(ZIP Code)	Submitted for Month of: MARCH Use one form for each month
		N1	Parking, Tolls, Public Transportation*
Date Destination	Purpose of Trip	No. of Miles Reimbursable	Amount Item
3/1 CONFCENT-ROC	LINC-TERRAL F	34.0	
3/13 MCEA	NBAL PINNING	232	
3/14 CARVER	TRANS HEARIN	25	اد
3/15 CONF CENTER	PUBLIC SAFETY	10.0	
6/16 CARVER	NAACP HAREUT		
3/18 COUNTY COUNC		20.8	)
	ME BOTH A COR	26.0	
DOUBLETREE	LWV LUNG H	180	
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	Signature, Principal/Supervisor		Date /
APPROVED /			4 111)
(1)	Signature, Account Manager		
ACCOUNT NUMBER			

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

								Base Sch	ool Location New: 🗆 Yes 🗹 No
Employe	e ID No.	0	.0.	0 (					Board of Education
Name	(La	st)		North State Service - To a state Service	(First)		(Middle)	No. Miles t	o and from Home and Base Location
O'Neill					Patricia		•		22.0
Address	(Str	eet No.	.)	(Street)			(Apt. No.)	Job Title	
		•						Board Mei	nber
	(Cit	у)				(State)	(ZIP Code)	Submitted	for Month of: APR ( L
						Maryland			form for each month
Data		Dontin	notion		D	1 T	No. of Miles	Parkin	g, Tolls, Public Transportation*
Date		Destin	nation		Purpos	e of Trip	Reimbursable	Amount	ltem
4/9	COUN	MC	ar C	ARUM	BUDGET	& DRALAKG	22.0		
4/9	CAR	UE	K		BUDGET	- BRIEF			
4/10	CAT	RVE	22		STRAT.	PLANAGE	22.0		
4/15	COU	UTP	GOT	JHULL	1 = D. C	DM,	20.0	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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### MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

			Base School Location New: 🗆 Yes 🗹 No
Employee ID No. 0 0 0			Board of Education
Name (Last)	(First)	(Middle)	No. Miles to and from Home and Base Locatio
O'Neill	Patricia		22.0
Address (Street No.) (Street)		(Apt. No.)	Job Title
			Board Member
(City)	(State)	(ZIP Code)	Submitted for Month of: MAY
	Maryland		Use one form for each month
		No. of Miles	Parking, Tolls, Public Transportation*
Date Destination	Purpose of Trip	Reimbursable	Amount Item
5/1 NOKKISWADD	CLUSTER	190	
5/2 COUNTY COURL	ED COM	20.0	
5/8 CARVER	DIST. SERV	22,0	
5/10 CARUEN	TOULCY	27 0	
5/12 ROCKVILLE AS	SPED AWARDO	20.0	
960 MONT LOUFE	DININER	52.0	
5/21 CARVER	1977 H MEET	22,0	
5/28 CARUTELL	QUARTERLY COM	≥≥.0	
5/30 BICA	GRADUATION	24.8	
3/31 MJ	GRADUATION BY	7.0	
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	Signature, Plindipall Supervisor		Date
DAPPROVED	7/1///////		\$ 13 1
	Signature, Account Manager		<u>~ 1/1 1/</u> Date
ACCOUNT NUMBER			
ACCOUNT NUMBER			

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

	0 0 0	0				ool Location New: 🔾 Yes 💆 No
Employee	e ID No.					Board of Education
Name O'Neill	(Last)	(First) Patricia		(Middle)	No. Miles to	and from Home and Base Location 22.0
Address	(Street No.) (Street)			(Apt. No.)	Job Title	
					Board Meir	ıber
	(City)		(State) Maryland	(ZIP Code)		for Month of:
				No. of Miles	Parking	, Tolls, Public Transportation*
Date	Destination	Purpose of 1	[rip	Reimbursable	Amount	ltem
6/3	CARVER	COUF CA	7-LL	22.0		
6/5	STENATIN MINE	XIS GYAT	U ATTO	14,0		
6/6	366	Bus To	C129D	60		
6/18	CARVER	ORAL A	RG.	202		
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		<u>acl</u>	<u>Illa</u>	<u></u>	12	13 6 V
		Signature, Principal/Supe	ervisor		Date	
APPRO\	VED	Jenes C	mul	1	7 30	(3
		Signature, Account Man	ager '		Date	
ACCOU	NT NUMBER					

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

				Base Schoo! Location New: ☐ Yes ☑ No
Employee	ID No. 0 0 0	0	<b>y</b>	Board of Education
Name O'Neill	(Last)	(First) Patricia	(Middle)	No. Miles to and from Home and Base Loca 22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title
	·	)		Board Member
	(City)	(State) Mary	(ZIP Code)	Submitted for Month of: Use one form for each month
Date	Destination	Durage of Tria	No. of Miles	Parking, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount Item
7/8	BCC	POCICY CNE	6.0	
7/11	CARVER	POLJEY CON	•	
7/2	COUNTY COUNCY	LED CON	1 20.0	
(/2-3	CARVER	BOARD DOGS	1 32,0	
*-				
				•
		-		
			4 - 2	
continue on ba	ack)	Total This Page	70	For Accounting Use Only
*APP	ROPRIATE RECEIPTS	Total Reverse Page	1	miles @
	UST BE ATTACHED	GRAND TOTAL	70	Other
a agrapa a sa	fats	Signature, Employee	eQ .	7,30,13 A
		To a constant of the constant	7	7 3/ 12
		Signature, Principal/Supervisor		Date
_				
APPROVI	ED	Signature, Account Manager	<u> </u>	7_31_3 Date
ACCOUN	T NUMBER	, managor		
	n 220-2. Rev. 8/07			



# 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

e Patricia O'Neill	Board of Education Work location CESC, Room 123	m June 29; 2013 To July 28, 2013 USE SEPARATE LOG FOR EACH ACCOUNT
Card member name Patricia O'Neill	School/office name Board of Education	For the period: From June 29; 2013

							,	:		·	
Account (03, 05, etc.)											
Statement Date	07/28/2013		07/28/2013	#			1.0		·		
Supplies/Services (required) (Student or other—must be identified.)	Lunch meeting with Smondrowski	re: BCC Cluster and Policy CNE	Breakfast meeting with Zuckerman	re: Transition							
Supplier Name	\$38.18 Dupars Hamburger Hamlet, Bethesda		\$38.93 Dupars Hamburger Hamlet, Bethesda								
Total Amount (\$)	\$38.18		\$38.93		.·					-	\$77.11
Date Delivered	07/10/2013	5.44.2 ·	07/19/2013			~ wy		, weeke	a	aryan de ye e	Total
Date Ordered	07/08/2013		07/17/2013	-							

# 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 maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member

ate

Signature, Approving 0

- // Date

### **Corporate Purchasing Cardmember Report**

New Charges \$

77.11

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbil

ared For ATRICIA O'NEILL ICPS MDTAX

0.00

Previous Balance \$

Account Number XXXX-XXXX

Payments \$

0.00

Other Debits \$

0.00

Closing Date 07/28/13

Other Credits \$

Reference Code

00025317900

00026200400

0.00

Page 1 of 2

Due \$ Do Not Pay

77.11 For important information

regarding your account refer to page 2.

Amount \$

38.18

38.93

Balance

001 01488 R04K9A0A

00

For your records only - do not pay. For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Activity

Date reflects either transaction or posting date

Card Number XXXX-XXXX 07/10/13 DUPARS HAMLET 542929 BETHESDA REF# 000253179 3018975350 07/19/13 DUPARS HAMLET 542929 BETHESDA

REF# 000262004 3018975350

Total for PATRICIA O'NEILL

MD 07/17/13

MD

07/08/13

New Charges/Other Debits 77.11 Payments/Other Credits 0.00

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



Please enter account number on all correspondence.



PATRICIA O'NEILL 🔅 MCPS MDTAX 🛎 850 HUNGERFORD RM123 ROCKVILLE

20850 - 1718

Laldladalaldlamilladallalaldlamild

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



0010Z,

01488

02139 R04K9A0A

HAMBURGER HAMLET! 10400 Old Georgetown Rd Bethesda, MD 20814 301-897-5350

er: Olga 6 PM e 443/1

DOB: 07/08/2 07/08/1 2/20

1048

#XXXXXXXXXXX

ratho card present: NEILL PO

oval: 549419

Amount:

+ Tip: 6.00

= Tota

NOW OPE, 24 HOURS! Bethesda, MD 20814 301-897-5350

07/08/2010 r: Olga 1:51 Ph. Table 443/1 Guests: U #20004

Area: Restaurant

2.95 Ided Tea 2.50 Soda Water 12.50 Mushroom Burger 12,25 The Morgan 30.20 Subtotal 1.98 Tax

32.18 Total

Balance Due

32.18

NOW OPEN 24 HOURS! Tell us how we did today! Scan the QR code or text "dupars" to 240-205-7536 for a free loaf of date or banana nut bread!

WELCOME TO DU-PAR'S HAMBURGER HAMLET! 10400 Old Georgetown Rd Bethesda, MD 20814 301-897-5350

er: Marlon AM

DOB: 07/17/20. 07/17/201

343/1

5/50001

6291457

XXXXXX

ward present: NEILL PO

.. 503806

Amount:

\$ 32.93

+ Tip:

= Total: \_\_

10400 Old George+ Bethesda, MD 301-897-5350

ver: Marlos 07/17/2013 ນໄຂ 643 9:54 AM waests: 0 #50001

Area: Re ....

Coffee (2 @2.95) 5.90 Denver Omelette 12.50 Mushroom Omelette 12.50

Subtotal 30.90 Tax 2.03

Total

32.93

Balance Due

32.93

NOW OPEN 24 HOURS! Tell us how we did today! Scan the QR code or text "dupars" to 240-205-7536 for a free loaf of date or banana nut bread!

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

				Base School Location New: ☐ Yes ☑ No
Employe	e ID No. 0 0	0		Board of Education
Name	(Last)	(First)	(Middle)	No. Miles to and from Home and Base Locatio
O'Neill		Patricia		22.0
Address	(Street No.) (Stree		(Apt. No.)	Job Title
Address	(Street 140.) (Street	<i>y</i> .	(Apt. 110.)	Board Member
<u> </u>				
	(City)	(State)	(ZIP. Code)	Submitted for Month of:
		Maryland	<b>*22</b>	Use one form for each month
		D (T.	No. of Miles	Parking, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount Item
9/4	CAPITER	QUATERLY CON	1 22,0	
9/13	CARVER	DAME ARUND FI BOR		
9/18	CARVER	ED FOUNDATION	22.0	,
9/2	CARITEIA	REAL PEODS	22.0	
9/2	CAPITER	BELL TIMES	23,0	
11=0	CARO	DEAL / 1 = 3		J
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(continue on	back)	Total This Page	110.0	For Accounting Use Only
* 11 5	PPROPRIATE RECEIPTS	Total Reverse Page		miles @
	MUST BE ATTACHED	GRAND TOTAL	110.0	Other
	Λ			
	Pa	tres Borel	0	16,5:13
		Signature, Employee		16,5,13 Date
		Glieby	<del>-</del>	lo W 13 Date
		Signature, Principal/Supervisor		Date
		,		ACCOUNTS OF THE PROPERTY OF TH
П	2/50	// ./7		
∐ appro	NEU	mell and		/ 0 , / 4 , ( } Date
	V	Signature, Account Manager		Date
ACCOL	JNT NUMBER			·

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

Employee ID No.	0		Base School Location New: ☐ Yes ☑ No Board of Education
Name (Last)	(First)	(Middle)	No. Miles to and from Home and Base Loca
O'Neill	Patricia	(Middle)	22.0
Address (Street No.) (Street)	- The state of the	(Apt. No.)	Job Title
			Board Member
(City)	(State) Maryla	(ZIP Code)	Submitted for Month of: OCT.
			Use one form for each month
Date Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*  Amount Item
10/10 UNIV, SHATDUG	- A'DENTITY	740	
10/15 CARVER	FOLICY	23.0	
1,0/16 CARUER	SUP. EVAL	0,50	
1917 CARVER	PLANNING BOX	a 22.70	
10/24 CARVER	MCCHA	22.0	
10/29 USC	BUS, HALLOPF	24.0	
10/30 CARVER	MEW HAMP.	\$2.0	
10/31 CARVER	SUP. EVAL.	55.0	
	,		
• ,			
(continue on back)	Total This Page	180	For Accounting Use Only
*APPROPRIATE RECEIPTS	Total Reverse Page	1	miles @
MUST BE ATTACHED	GRAND TOTAL	180	Pay
Pad	Signature, Employee Signature, Principal/Supervisor	2.01	Date 10/16
□ APPROVED A.M.	Signature, Account Manager		(( _ i 2 _ 1 7
ACCOUNT NUMBER			



# PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21 June 2009

> Office of the Chief Operating Officer Department of Materials Management ONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 2085

40NTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850		Work location_CESC, Room 123	USE SEPARATE LOG FOR EACH ACCOUN
MONIGOMERY COUNTY PUR			To October 28, 2013
	Card member name Patricia O'Neill	School/office name_Board of Education	For the period: From September 29, 2013

							· ·	1	
Account (03, 05, etc.)							-	y	
Statement Date	10/28/2013		10/28/2013				,		
Supplies/Services (required) (Student or other—must be identified.)	Lunch during MABE Annual Conf	O'Neill, Hixson, Madaleno, Kaiser	Lodging, MABE Annual Conference	10/02/2013 -10/06/2013		•			
Supplier Name	\$54.36 Clarion Fontainbleau Hotel,	Breakers Pub, O.C., MD	\$151.53 Clarion Fontainbleau Hotel, O.C., MD Lodging, MABE Annual Conference		-				
Total Amount (\$)	\$54.36		\$151.53						\$205.89
Date Delivered	10/04/2013		10/07/2013		A 546-771	-1 6			Total
Date Ordered	10/03/2013		10/07/2013						

# 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 or programs are outlined in the Purchase Card Guide. I understand that any material misrepresentation or or programs and/or disciplinary action.

The Shardune, Cord Wether LO

M

Signature, Appropring Official

1 10 / C

### **Corporate Purchasing** Cardmember Report

New Charges \$

205.89

Sign-up For Online Statements

www.americanexpress.com/checkyourbill

pared For ATRICIA O'NEILL MCPS MDTAX

XXXX-XXXX

Other Debits \$

0.00

Page 1 of 5

20850 ov.

001 003 02G63 R04K9A0A

0010Z. 02063

0.00

Previous Balance \$

Account Number

Closing Date 10/28/13

Other Credits \$

0.00

Balance Due \$ Do Not Pay

205.89 For important information regarding your account refer to page 2.

#### See Page 3 For A Notice Of Changes To Your Agreement

For your records only - do not pay.

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

Payments \$

0.00

Activity Date reflects either transaction or posting date

Card Nu	ımber XXXXX	Reference Code						
10/04/13	CLARION RESORT FONTA OCEAN CITY REF# 0 4105243535	MD 10/03/13		54.36				
10/07/13	CLARION RESORT HOTEL OCEAN CITY FOL# 684822 LODGING ARRIVAL DATE DEPARTURE DATE 10/02/13 10/06/13 00 ROOM RATE \$145.00 ROC NUMBER 684822	MD 10/07/13		151.53				
Total fo	r PATRICIA O'NEILL		New Charges/Other Debits Payments/Other Credits	205.89 0.00				

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



Please enter account number on all correspondence.



20850 - 1718

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



Clarion Fontainbleau Hotel

Breakers Pub

CHECK:

1522 GST CHKID: TABL 4

LUNHI

SERVER:

2029 DeLaude OCT03'13 3.55F

DATE:

CARD TYPE: American Express

ACCT #:

XXXXXXXXX

EXP DATE:

XX/XX AUTH CODE: 566510

PO NEILL

SUBTOTAL:

47.36

Gratuity: 7.00

Total: 54,36

I agree to pay the above amount in accordance with card holder

agreement.

31EILAHIXSON

RICH MATALENO

RICH MATALENO

RICH MATALENO

RICH MATALENO

RICH MATALENO

Clarion Fontainebleau Hotel

10100 Coastal Highway Ocean City, MD 21842

United States

Tel: 410-524-3535 Fax: 410-524-3834

Patricia O'Neill

Page Number: 1 Montgomery County Bd Of Ed Guest Number:

850 Hungerford Drive

Folio ID : A Arrive Date: 10-02-13 09:29

Rockville, MD 20850

No. Of Guest: 1 Room Number : 1211 Depart Date: 10-06-13 08:12

United States

Room Rate : 145.00

BE0930 - Mabe

Copy Invoice

#### Fontainebleau Hotel 10-06-13 08:14 VALERIEH

				•	
Date	Reference	Description		Charges	Credits
10-02-13	DEPOSIT	Deposit Applied			-151.53
10-02-13	RT1211	Room	*	145.00	
10-02-13	RT1211	4.5% Occupancy Tax		6.53	
10-03-13	RT1211	Room		145.00	
10-03-13	RT1211	4.5% Occupancy Tax		6.53	
10-06-13	AX	American Express			-151.53
		** Total		303.06	-303.06
		*** Balance		-0 <sub>r</sub> 00	

#### EXPENSE SUMMARY REPORT

Date	Room&Tax	Telephone	Food&Bev	Other	Total	Payment
10-02-13	151.53	0.00	0.00	-151.53	0.00	0.00
10-03-13	151.53	0.00	0.00	0.00	151.53	0.00
10-06-13	0.00	0.00	0.00	0.00	0.00	-151.53
Total	303.06	0.00	0.00	-151.53	151.53	-151.53

Clarion Fontainebleau Hotel

10100 Coastal Highway Ocean City, MD 21842

United States

Tel: 410-524-3535 Fax: 410-524-3834

Patricia O'Neill Page Number : 2

Montgomery County Bd Of Ed Guest Number: Arrive Date: 10-02-13 09:29 850 Hungerford Drive Folio ID : A Depart Date: 10-06-13 08:12

Rockville, MD 20850 No. Of Guest: 1
United States Room Number: 1211
Room Rate: 145.00

BE0930 - Mabe

Signature\_

I agree to remain personally liable for the payment of this account. For your convenience, we have prepared this zero-balance folio. Please be advised that any charges not reflected on this folio will be charged to the credit card on file. You are ultimately responsible for paying all of your folio charges in full.

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

5			Base School Location New: ☐ Yes ☑ No
Employee ID No.			Board of Education
Name (Last)	(First)	(Middle)	No. Miles to and from Home and Base Location
O'Neill	Patricia		22.0
Address (Street No.) (Street)		(Apt. No.)	Job Title
			Board Member
(City)	(State) Maryland	(ZIP Code)	Submitted for Month of: 100 V
	D	No. of Miles	Parking, Tolls, Public Transportation*
Date Destination	Purpose of Trip	Reimbursable	Amount Item
11/5 CARVER	INNOV, TNEG	22.0	
11/7 EARVER	CIP WORKSTE	\$1 77.0	
11/11 CARIFOR	PSYCHA HEROW	250	
11/14 CARVERL	FOCICY & HEARIN	w 22,2	
11/19 CARVER	QUARTERLY CON	32.0	
11/25 CARUER	DR. STARR	20,0	
-			
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			For Accounting Use Only
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*APPROPRIATE RECEIPTS	Total Reverse Page		Other
MUST BE ATTACHED	GRAND TOTAL	132	Pay
Patr	Signature, Employee		12,2,13  Date
	Signature, Employee		M 11 13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Hlule		N 11, 12 /35
	Signature, Principal/Supervisor		Date
	7		TELEGORIA CONTROL CONT
Approved //	2 2 1 1 2		
	me say		12   13   13 Date
	Signature, Account Manager		Date
ACCOUNT NUMBER			

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

			-							1			
									7 .	Base Sch		New: 🗆 Yes	QÍ No
Employe	e ID No.	0	0	0	0						Board of 1	Education	
Name	(La	ıst)				(First)			(Middle)	No. Miles t	o and from h	Home and Base	e Locatio
O'Neill						Patricia					22	.0	
Address	(St	reet No	o.)	(Stre	et)				(Apt. No.)	Job Title			
		)								Board Mei	nber		
	(Ci	ty)						(State)	(ZIP Code)	Submitted	for Month ៦	300	
	)							Maryland		Use one	form for eac	sh month	
								· - ·	No. of Miles	Parkin	g, Tolls, Pub	olic Transporta	ition*
Date		Desti	inatic	'n		Purp	oose of	f Irip	Reimbursable	Amount	/	ltem	
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12/11	KOE	398		LUF	n.	NEG.	Ŏ	十种人	1222				
12/10	Ca	ZR.	<u>, V</u>	ER	tra.	DeBRIS	SF.	REREN	F 22,0	)			
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ACCOU	INT NUME	BER 📆											

### MONTGOMERY COUNTY BOARD OF EDUCATION Rockville, Maryland

February 17, 2012





#### **MEMORANDUM**

To:

Mr. Robert J. Doody, Controller

Division of Controller

From:

Ikhide Roland Ikheloa, Chief of Staff

Subject:

Check Request Payable to Patricia O'Neill, ID No. 000

Please issue a check in the amount of \$30.00 in reimbursement of one ticket purchased to support the Asian American Education Association's scholarship and deposit check.

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

IRI:rlg

Attachment

Approved

PATRICIA BAIER O'NEILL	6312
MD MD	706.13,2015
Pay to the Order of AAA	\$ 30,00/10
Thety dollars and	Dollars 1 Sacurity Features Details on Back
<b>(2)</b>	
For	Patricia Baia Ofello
	E312
Harland Clarke	

Asian American Education Association Invites you to a

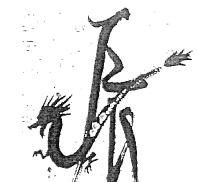
# Lunar New Year

Banquet

Leynote Speaker

Dr. Frieda Lacey

Deputy Superintendent,
Montgomery County Public Schools



# Vear of the Oragon

Date:

Wednesday, February 15, 2012

(Snow date is Wednesday, February 22, 2012)

Location:

New Fortune Restaurant

16515 Frederick Avenue, Gaithersburg, MD 20877

Time:

Registration 5:30 p.m., dinner 6:00 p.m.

Ticket Price:

\$300.00 per table (\$30 per person)

Gold Sponsor: \$500.00 per table Silver Sponsor: \$400.00 per table

Tickets must be purchased in advance and will not be sold at the door. If you are unable to attend, donations are accepted. *Tickets are non-refundable* 

The Lunar New Year banquet is a scholarship fundraiser for Asian American high school students interested in pursuing a postsecondary degree in education

For ticket information, please e-mail:

Molly\_Hong@mcpsmd.org

Checks written to AAEA can be mailed to:

Molly Hong, CESC, Room #50, 850 Hungerford Dr., Rockville, MD 20850



# Card Member Transaction Log **PURCHASING CARD**

Office of the Chief Operating Officer

June 2009 MCPS Form 234-21

Department of Materials Management MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Work location CESC, Room 123

To August 28, 2012

School/office name Board of Education For the period: From August 1, 2012

Card member name Patricia O'Neill

	Account (03, 05, etc.)							
USE SEPARATE LOG FOR EACH ACCOUNT	Statement Date	08/28/2012						
	Supplies/Services (required) (Student or other—must be identified.)	Lunch mtg. w/Councilmember Ervin						
To August 20, 2012	Supplier Name	\$42.99 Gordon Biersch, Rockville						
To_August	Total Amount (\$)	\$42.99		, . 91		. 5		\$42.99
August 1, 2012	Date Delivered	08/03/2012			- 50			Total
For the period: From August 1, 2012	Date Ordered	08/02/2012						

# 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 maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member

Date

Approving Official



### Corporate Purchasing Cardmember Report

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For
PATRICIA O'NEILL
MCPS MDTAX

Account Number

Closing Date 08/28/12

Page 1 of 2

Z

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
0.00	42.99	0.00	0.00	0.00	42.99	For important information regarding your account refer to page 2.

For your records only - do not pay.

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

Activity Date reflects either transaction or posting date											
Card Nu	mber XXXX-XXXXX	Reference Code	Amount \$								
08/03/12	GB-ROCKVILLE 513 005 ROCKVILLE REF# 146 423-424-2000FOOD/BEVERAGE ROC NUMBER 146	MD 08/02/12	1460000000	42.99							
Total for	PATRICIA O'NEILL		New Charges/Other Debits Payments/Other Credits	42.99 0.00							

Do not staple or use paper clips

Payment Coupon



Please enter account number on all correspondence.



20850 - 1718

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

### 08/02/2012 - O'Neill lunch meeting with Councilmember Valerie Ervin

0146

Server: CLARA H Rec: 60 08/02/12 13:49, Swiped T: 55 Term: 7

GORDON BIERSCH-ROCKVILLE 200 E. MIDDLE LN UNIT A (301)340-7159 MERCHANT #:

Name: PO NEILL

OO TRANSACTION APPROVED
HORIZATION #: 529052
Frence: 0802010000146
KANS TYPE: Credit Card SALE

ECK:

36.9

P:

TAL:

167.00

TAI SCOU

\*\*\*Duplicate Copy\*\*\*

CARDHOLDER WILL PAY CARD ISSUER ABOVE AMOUNT PURSUANT TO CARDHOLDER AGREEMENT ASK ABOUT OUR BANQUET ROOM duplicate copy -> customer



# Card Member Transaction Log **PURCHASING CARD**

MCPS Form 234-21 June 2009

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

						-	 			-		-	
			Account (03, 05, etc.)						*				
		H ACCOUNT	Statement Date	09/28/2012									
	Work location CESC, Room 123	USE SEPARATE LOG FOR EACH ACCOUNT	Supplies/Services (required) (Student or other—must be identified.)	Lunch mtg. to discuss legislation with	Delegate Barkley, O'Neill and Docca						No. 1	, 3,	
	Work locatio	To September 28, 2012	Supplier Name	\$56.78 Mana Lucia, Rockville									
	n		Total Amount (\$)	\$56.78	1		-					\$56.78	
, Patricia O'Neill	Board of Education	n August 29, 2012	Date Delivered	09/28/2012			3		•			Total	
Card member name_Patricia O'Neill	School/office name Board of Education	For the period: From August 29, 2012	Date Ordered	09/27/20120			V rozenia marka			-			

# 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 support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

Signature, Card Member

Signature



## Corporate Purchasing Cardmember Report

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

Account Number

Closing Date 09/28/12

Page 1 of 2

Balance	
D	

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Due \$ Do Not Pay
42.99	56.78	0.00	42.99	0.00	<b>56.78</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 or call Customer Service at 1-800-492-4920.

Activity

Date reflects either transaction or posting date

Card Nu	mber XXXX-XXXXX		Reference Code	Amount \$
09/07/12	CORPORATE REMITTANCE RECEIVED	09/07		-42.99
09/28/12	MAMA LUCIA OF FALLS ROCKVILLE REF# 85431382272 301-468-7084	MD 09/27/12	85431382272	56.78

Total for PATRICIA O'NEILL

New Charges/Other Debits Payments/Other Credits 56.78 -42.99

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



Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE MD

20850 - 1718

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

09/27/2012 - Lunch meeting to discuss legislation with



#### Mamma Lucia 1497 J Shady Grove Rd Rockville, MD 20850 (301) 762-063.

150 PATEL

Tb1 406/1 Chk 239 Sep27'12 12:02.

Tax1 Coll

	and the second second second
2 Soft Drink @ 2.25 1 Gamb Milano No	4.50 15.00
1 Pollo Mascarp	13.00
1 Baked Z ig	10.50
Sau 3	3.00
Subtotal	46.00
Tax	2.76
12:37PM Total	48.76

Thank You for your Patronage Plasa Visit Our Website www.grammalucia.net

2.76

Online Ordering Now Available



Mamma Lucia 14921 J Shady Grove Rd Rockville, MD 20850 (301) 762-0635

Date: Sep27'12 12:40PM

Card Type: Amex

Acct #; XXXXXXXXXX

Card Entry: SWIPED Trans Type: PURCHASE Auth Code: 523701 Check: 239

Table: 406/1 Server:

150 PATEL

ubtotal:

ratuity: \_\_\_

48.76

Signature

I agree to pay above total according to my card issuer agreement.

\* \* \* \* Guest Copy \* \* \* \* CHARLES BARKLEY JUDY POCCA PAT MELL



# Card Member Transaction Log PURCHASING CARD

Office of the Chief Operating Officer

MCPS Form 234-21 June 2009

Department of Materials Management MonTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member nam	Card member name Patricia O'Neill						1
School/office name	school/office name Board of Education	no.	Work locatic	Work location_CESC, Room 123			1
or the period: Fro	or the period: From September 29, 2012		To October 28, 2012	USE SEPARATE LOG FOR EACH ACCOUNT	CH ACCOUNT		
							11
Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)	
10/04/2012	10/05/2012	\$23.02	Clarion Fontainbleau Hotel	Breakfast while attending MABE	10/28/2012		
				Annual Conference - PO, NK			
10/03/2012	10/08/2012	\$152.53 Clar	Clarion Fontainbleau Hotel	Lodging, MABE Annual Conference	10/28/2012		
				. 10/03/2012 -10/07/2012			
	-						
							,
	Total	\$174.55					1

# 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 maybe grounds for changed any purchase card privilege and or disciplinary action.

Signature, Approving Offic



## **Corporate Purchasing Cardmember Report**

#### Sign-up For Online **Statements**

www.americanexpress.com/checkyourbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

Account Number XXXX-XXXXX

Closing Date 10/28/12

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$
56.78	174.55	0.00	56.78	0.00

Due \$ Do Not Pay

**Balance** 

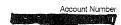
174.55 For important information regarding your account refer to page 2.

For your records only - do not pay.

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

Card Nu	mber XXXX-XXXXX		Reference Code	Amount \$
10/09/12	CORPORATE REMITTANCE RECEIVED	10/09		-56.78
10/05/12	CLARION RESORT FONTA OCEAN CIT	Y MD 1-0 /-04 / 12-		23.02
10/08/12	CLARION RESORT HOTEL OCEAN CIT FOL# 649888 LODGING ARRIVAL DATE DEPARTURE DATE 10/03/12 10/07/12 00 ROOM RATE \$145.0 ROC NUMBER 649888	10/08/12		151.53

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



Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE MD

20850 - 1718

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

#### Clarion Fontainbleau Hotel Horizons Restaurant

2

120	l Ryan	
CHK	177 46 OCTO4'12 8:07AM	GST
	Dining	
1	Omelet-Chz add mushrooms add peppers Waffe w/ top	9.00 0.85 1.00 7.00
	Food 0.5% City Tax 6.0% Food Tax	17.85 0.09

Full Bervice Revenue Center CHECK: 177

OMESK: LF

GST CHKID: 46

BERVER: 1201 Ryan

DATE: OCTO4'12 8:38AM
DARD TYPE: Perican Express
ACCT 4: AAXXXXXXXXXX

EXP DATE: XX/XX AUTH CODE: 542568

PO NEILL

BREAKFAST

SUBTOTA\_:

19.02

Gratuit/: 4,00

Total: 23.0>

X. Yalvoub Me D

I agree to pay the above amount

coordance with card holder

NANCY KING PAT D'NELL

MABE

Fontainebleau Hotel 10100 Coastal Highway Ocean City, MD • 21842

United States

410-524-3535 Fax: 410-524-3834

Patricia O'Neill

Montgomery Co Board Of Ed 850 Hungerford Drive

Room 123

Rockville, MD 20850

United States BE1001 - Mabe

Page Number: 1

Guest Number: Arrive Date: 10-03-12 Folio ID : A

No. Of Guest: 1 Room Number: 1211

Club Account: AR Account : Depart Date: 10-07-12

Copy Tax Invoice

#### Fontainebleau Hotel 10-07-12 09:01 GERRIH

Date	Reference	Description	Charges	Credits
10-03-12	DEPOSIT	Deposit Applied		-151.53
10-03-12	RT1211	Room	145.00	
		Exch Rate: 0		
10-03-12	RT1211	4.5% Occupancy Tax	6.53	
10-04-12	RT1211	Room	145.00	
		Exch Rate: 0		
10-04-12	RT1211	4.5% Occupancy Tax	6.53	
10-07-12	AX	American Express		-151.53
	***For Aut	horization Purpose Only***		
	XXXXXX			
	Date	Code Authorized		
	10-03-12	560338 602.47		
			+ <b>5</b>	
		** Total	303.06	-303.06
		*** Balance	-0.00	

Signature

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

pm/23111

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

			Base School Location New: 🗆 Yes 🜠 No
Employee ID No.	0		Board of Education
Name (Last)	(First)	(Middle)	No. Miles to and from Home and Base Location
O'Neill	Patricia	i i	22.0
Address (Street No.) (Street)		(Apt. No.)	Job Title
			Board Member
(City)	(State)	(ZIP Code)	Submitted for Month of:
	Maryland		Use one form for each month
Dota	D. W of Trib	No. of Miles	Parking, Tolls, Public Transportation*
Date Destination	Purpose of Trip	Reimbursable	Amount !tem
1/5 CARVER	NEL.	27.0	
1/2 CARVELL	PEN510 N	27.0	
NO ANMILLE	NHOW CITY	22,0	
14 CHE GUTED	MLK	10,0	
THE CALL	RATER BLANNIF	12,2,0	
1/2+ MABY ARN.	LEG GOM	J\$ 8,6	
1/25 CARVER	MCCPTA-SERR	22,0.	
1/27 CARVER	AFFEAL	2-2.0	
1/31 CARITER	SEARCH	22.0	
1 1/10			
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			191
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(continue on back)	Total This Page	318	For Accounting Use Only
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MUST BE ATTACHED	GRAND TOTAL	318	Pay
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	mus Bor fell	2	Z <sub>1</sub> Date
	Signature, Employee		
	Who all		2,8, U Date
· .	Signature, Principal/Supervisor		Date
	<del>/}///</del>		
Happroved 2	/f ()		2,10,11
	Signature, Account Manager		Date
ACCOUNT NUMBER			



## **Corporate Purchasing Cardmember Report**

FAMOUS DAVE'S #2041

RESTAURANT CHARGES ROC NUMBER 86274507

REF# 86274507

Total for PATRICIA O'NEILL

ANNAPOLIS

9522941376

#### Sign-up For Online **Statements**

www.americanexpress.com/checkycurbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

Account Number XXXX-XXXX

01/24/11

Closing Date 01/28/11

86274507000

New Charges/Other Debits Payments/Other Credits

Page 1 of 2

001 01702 R04K9A0A

01/24/11

0010Z. (

R04K9A0A 01702

000)

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$ Do No	•
0.00	26.02	0.00	0.00	0.00		ortant information g your account page 2.
For your records of	nly - do not pay					
For assistance or call Customer Serv			ontact us at <b>w</b>	ww.americanex	press.com/check	<b>ourbill</b> or
Activity Date reflect	s either transaction or postin	g date				
Card Number XXX	XX-XXXXXX	<b>I</b>		Reference Code		Amount \$

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



20850 - 1718

Please enter account number on all correspondence.

26.02

26.02

0.00



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE

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

MARE Legisiative Committee Meeting

Famous Dave's #2041 181 Jennifer Road Annapolas, MD 21401 (410) 224-2207

Date: Jan24'11 01:00PM

Card Type: Ami Girus

Acct #: XY XXAA Trans Key: 6. 4-10530

1220 Alli G

22 **02** ++ + SUEST UUL + \* \* \*

4,00

101al 26,02

PAT D'NEILL
MABE LIG

Land Land

my 3/6

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

. '	,			
		7	Base Scho	ol Location New: 🗆 Yes 🌠 No
Employee ID No.	0			Board of Education
Name (Last)	(First)	(Middle)	No. Miles to	and from Home and Base Locatio
O'Neill	Patricia			22.0
Address (Street No.) (Street)		(Apt. No.)	Job Title	
			Board Mem	ber
(City)	(State)	(ZIP Code)	Submitted f	for Month of:
	Marylan	d <b>M</b>	Use one fo	orm for each month
Date	Duwana at Tuin	No. of Miles	Parking	, Tolls, Public Transportation*
Date Destination	Purpose of Trip	Reimbursable	Amount	Item
2 / CARVER	POLICY	22.0		
2/17 EINSTEINE		13.0		
Z/19 COUNTY COUN	CU NAAGP	18.0		
2/19 COUNTS COUNTS COUNTS		240		
2/25 CARVER	ED FOUND.	22.0		
2/28 ANNAPOLIS	MABE LEG.	88+0		
·				·
3				
	·			
(continue on back)	Total This Page	187		For Accounting Use Only miles @
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MUST BE ATTACHED	GRAND TOTAL	187		Pay
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	Signature, Employee		Date	· · · · · · · · · · · · · · · · · · ·
	dr. O. o la	•	<u> </u>	2011
	Signature Principal/Supervisor		Date	
G APPROVED	609			,6
	Signature, Account Manager		Date	· <del></del>
ACCOUNT NUMBER				

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

Rockville, Maryland 20850

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 additiona	I information, see MCPS Regulation	DIE-RA: Local	Travel.) List all official stops in date order.	,
Employee	ID No. 0 0 0	0.		Base School Location New:   Yes  No  Board of Education	)
Name O'Neill	(Last)	(First) Patricia	(Middle)	No. Miles d from Home and Base Loc 22.0	ation
Address	(Street No.) (Street)		(Apt. No.)	Job Title Board Member	,/
	(City)	(State) Maryland	(ZIP Code)	Submitted for Month of AN (1)	
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation  Amount Item	*
3/1	CARVER	1 NHERAGES	22,0	, and an	
3/7	COUNTY COUNC	ED, COM ED POUNDATION	18.0		
3/14	CARVER	POLICY THEARUS			
3/16	CARVER	ED. FOUNDATION	220		
363	CARVER	CLOSED SESSIM	1		
2/29	CARVER	ED POUNDATION	22,0		
(continue on b	pack) PROPRIATE RECEIPTS	Total This Page Total Reverse Page	19400	For Accounting Use Only	
A A	MUST BE ATTACHED	GRAND TOTAL	19400	OtherPay	-
		Signature, Employes	2l	4 2 1 1 Date	i Leder 10
•		Signature, Principal/Supervisor		5, (U, (( Date	
- Japprón	VED	Signature, Abeount Manager		5/3 07 Date	
ACCOU	NT NUMBER				



## **Corporate Purchasing Cardmember Report**

New Charges \$

0.00

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

0.00

Previous Balance \$

Account Number XXXX-XXXXX

Other Debits \$

0.00

Closing Date 03/30/11

Other Credits \$

725.00

Page 1 of 2

<b>Balance</b>	
Dua ¢	ľ

Due \$ Do Not Pay

725.00 For important information CR regarding your account refer to page 2.

For your records only - do not pay.

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

Payments \$

0.00

Activity

Date reflects either transaction or posting date

Card Number XXXX-XXXXX

Amount \$ -725.00

AMERICANASSOCSCHOOLA 730-875-0779 REF# O CHARITABLE ORG

٧A 03/16/11

New Charges/Other Debits

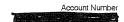
Credit - - 0.00 -725.00

Total for PATRICIA O'NEILL

Payments/Other Credits

Do not staple or use paper clips

**Payment Coupon** 



Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE

20850-1718

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

## Gibson, Becky

From: aasa

aasareg@cmrus.com

Sent:

Wednesday, March 16, 2011 4:52 PM

To:

Gibson, Becky

Subject: Cancellation #

Patricia O'Neill: AASA 2011 NCE - Confirmation of Registration



Registration Confirmations sponsored by:



#### AASA 2011 National Conference on Education

Your Registration Cancellation



Patricia O'Neill 850 Hungerford Drive 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 11:55:01 AM, Amex, ...., \$825.00 --3/16/2011 1:51:40 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,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

## MONTGOMERY COUNTY BOARD OF EDUCATION Rockville, Maryland

March 29, 2011

Jan 14 3/9-1

#### **MEMORANDUM**

To:

Mr. Robert Doody, Controller

Division of Controller

From:

Ikhide Roland Ikheloa, Chief of Staff

Subject:

Check Request Payable to Interages

Please issue a check in the amount of \$60.00 in payment of one to attend Interages' 25 years of Serving Montgomery County. Please send attached RSVP card with check to Interages, 3950 Ferrara Drive, Wheaton, Maryland 20906, to attention: Tricia Wilson.

Please charge the account number indicated.

Thank you.

IRI:rlg

Attachment

Approved

Join us in celebrating

# Interages.

25 years of Serving Montgomery County

Honoring Interages Founder Austin Heyman

Mistress of Ceremonies
J.C. Hayward
WUSA 9 News Anchor

**Honorary Co-Chairs** 

The Honorable Christopher Van Hollen
U.S. Congressman, 8th District

The Honorable Isiah Leggett

County Executive of Montgomery County

Mrs. Catherine Leggett
ICMA Retirement Corporation

*Thursday, May 5, 2011* 6:00 P.M. to 9:00 P.M.

VisArts Center
155 Gibbs Street, Rockville, MD

Donation \$6.0

RSVP by Thursday, April 21, 2011

Jer de la

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

								Base Scho	ool Location No	ew: 🗆 Yes 🗹 No
Employee	e ID No. 0	0	0	0					Board of Edu	ication
Name	(Last)			(First)			(Middle)	No. Miles to	and from Hom	ne and Base Locat
O'Neill				Patric	ia 				22.0	
Address	(Street N	lo.)	(Street)				(Apt. No.)	Job Title		
								Board Mer	nber	
	(City)					(State)	(ZIP Code)		for Month of:	APR X
<u> </u>				7		Maryland	(620002)	Use one 1	orm for each r	nonth/ _ /
Date	Des	tination		Pu	urpose of	Trip	No. of Miles		g, Tolls, Public	Transportation*
//				Main	, y <del>-</del>		Reimbursable	Amount		Item
7/18	- ANNA	7856	15	43	E CE	56	88.0			
4/20	R.M	CL MAT	D 18	SCHOOL	BUA		18.0			·
4/27	CAKIER	4M7	J) 11	STRATE	TEAST	MOBRE	26.0			
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		<b>A</b>		ga.a.o, /\				Date		
ACCOL	JNT NUMBER									



## Corporate Purchasing Cardmember Report

Date reflects either transaction or posting date

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For
PATRICIA O'NEILL
MCPS MDTAX

Account Number

Closing Date 04/29/11

Page 1 of 3

Balance			
Due \$	Do	Not	Pay

For your records only - do not pay.

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

Card Nu	imber XXXX-XXXXX	Reference Code	Amount \$
04/07/11	ANNABELLE'S BAR & B 415-777-1200 CA REF# 85180891098 415-777-1200 04/07/11	85180891098	216.43
04/12/11	MARRIOTT 337F2SFMOSC SAN FRANCISCO CA FOL# 11437 LODGING 04/12/11 ARRIVAL DATE DEPARTURE DATE 04/07/11 04/11/11 00	11437000000	1,067:26 P
	ROC NUMBER 11437		05.00
04/08/11	UNITED AIRLINES DULLAS VA TKT# 4 04/07 TICKET BY MAIL	06057400000	25.00 ✓
	NEILL/PO UNITED AIRLINES 1ST BAG FEE DULLAS VA		
	FROM NOT RECORDED		
	TO CARRIER CLASS NOT RECORDED		•
04/12/11	UNITED AIRLINES SAN FRANCISCOCA TKT# 04/11 TICKET BY MAIL	06057580000	25.00 <b>~</b>
	NEILL/PO UNITED AIRLINES 1ST BAG FEE SAN FRANCISCO CA FROM NOT RECORDED		

Do not staple or use paper clips

Payment Coupon

TO

NOT RECORDED



Continued on Page 3

Please enter account number on all correspondence.



PATRICIA O'NEILL
MCPS MDTAX 850 HUNGERFORD RM123
ROCKVILLE MD

20850 - 1718

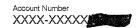
tadilladalalalalaladadladalladadladalladalla

CARRIER CLASS

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



Prepared For PATRICIA O'NEILL MCPS MDTAX 3000123-5



Closing Date 04/29/11

Page 3 of 3

Activity	Continued	Reference Code	Amount \$
		8	
04/07/11	CORPORATE DEDUCTION OF CREDIT BAL.04/07	05059000000	725.00
Total fo	or PATRICIA O'NEILL	New Charges/Other Debits	2,058.69

Commercial Street, Sec.



**GUEST FOLIO** 

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

2756 ONEILL/PATRICIA 224.00 04/11/11 12:00 11437 13403 ACCT# GROUP

Room DG

MONTGOMERYCOUNTYPUBL

Time 04/07/11 16:23

Type

140

MRW#:

Room Clerk	Address		Payment	811)	1 <b>. Μ</b> π •
	REF	ERENCE	CHARGES	CREDITS	BALANCE DUE
04/08 04/08 04/08 04/09 04/09 04/09 04/10 04/10 04/10	RM TAX CA TRSM SF TRSM MSSN GRL ROOM RM TAX CA TRSM SF TRSM ROOM RM TAX CA TRSM SF TRSM	2756, 1 2756, 1 2756, 1 2756, 1 2756, 1 2756, 1 2756, 1 2756, 1 2756, 1	31.36 31.38 31.38 224.00 31.36 224.00 31.36 224.00 31.36 224.00	BREAK FAS \$1067.26	
TO BE	SETTLED	TO: AMEX		CURRENT BALAN	CE .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 Gracías Por Su Patrocino 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

Annabelle's Bar & Bistro 68 Fourth Street San Francisco CA 94103 415.777.1200

Server: Jason Table 48/1 Guests: 5 Order Type: Order	04/07/2011 7:45 PM 50042	CRAT PHIL SUDY SHIPLEY
1/2 Caesar 1/2 Caesar Add anchovies Caesar Salad Asparagus App er d Bacon k Frites lant (2 @18.00) d Tomato  Tea olate Cake (3 @8.00) ee (3 @3.50) berry Juice inger Beer	5.00 8.00 9,00 10 15 23. 36.00 12. 3 3.! 24.( 10.5 3.5 4.00	Annabelle's Bar & Bistro 68 Fourth Street San Francisco CA 94103 415.777.1200  er: Jason DOB: 04/07/2011 3 PM 04/07/2011 3 48/1  5/50042  #XXXX  Magnetic card present: NEILL PO Approval: 506046
21 Items		Amount: 186.28
Sub Total Tax	167.50 18.78	+ Included Gratuity: 30.15
Total Gratuity 18.00% Total	186.28 30.15 216.43	+ Additional Tip = Total: $216.43$
Balance Due	216.43	X Polovia DO Mell Approval: 506046

Join us for Happy Hour  $25^{\text{v}}$  off food % drink specials!



STAPLE HERE



AGENT ID:

CUSTOMER: NEILL/PO

TKT NBR: ITEMS:

25.00

BAG1 FEE

BAGGAGE PAYMENT CUSTOMER RECEIPT

CPN: 1

ORIGIN: IAD

DESTINATION: SFO

FORM OF PAYMENT: ADDITIONAL REMARKS: AXXXXXXXXXXX

TOTAL

USD25.00





AGENT ID: V000088

CUSTOMER: NEILL/PO

TKT NBR:

ITEMS:

25.00

BAG1 FEE

BAGGAGE PAYMENT CUSTOMER RECEIPT

CPN: 1

ORIGIN: SFO

CK

DESTINATION: IAD

FORM OF PAYMENT:

**AXXXXXXXXXXX** 

XXXX

ADDITIONAL REMARKS:

DOCUMENT NUMBER

TOTAL

USD25.00



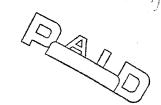
# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

		0 0		0				Base Scho	ool Location New: 🔾 Yes 💆 N	0
Employee	e ID No.	0 0							Board of Education	
Name	(La	st)		(First)			(Middle)	No. Miles to	and from Home and Base Lo	cation
O'Neill				Patric	ia:				22.0	
Address	(Str	eet No.)	(Street)				(Apt. No.)	Job Title		
		<b>,</b>			Board Men	nber				
	(Cit	y)				(State)	(ZIP Code)		for Month of: May	
						Maryland			orm for each month	
Date		Destination	on .	Pı	urpose o	of Trip	No. of Miles		g, Tolls, Public Transportation	*
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				Signature, A	lccolint 1	Manager		Date		
ACCO	UNT NUM	BER								

## MONTGOMERY COUNTY BOARD OF EDUCATION Rockville, Maryland

May 12, 2011



### **MEMORANDUM**

To:

Mr. Robert J. Doody, Controller

Division of Controller

From:

Ikhide Roland Ikheloa, Chief of Staff

'Subject:

Check Request Payable to Patricia O'Neill, ID No.

Please issue a check in the amount of \$144.00 in reimbursement of the attached receipts for ground transportation while attending the NSBA conference in San Francisco and deposit check.

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

Mrs. Patricia O'Neill		
Thank you.		
RI:rlg	<i>,</i>	
Attachment	0/	

Approved

Date $4/\sqrt{3}$	BARWEOD TAXI
From FISHWARRY	- CAB # 516 04/07/11 <b>09:</b> 49
TO MARQUIL	04/07/11 10:20 DELAY 00:07:19
Amount 12: 50	TRIP # 3915 DIST 21.55 mi
Driver's Name	Rate 1 \$ 50.00 EXTRAS \$ 3.00
Cab Number	TOTAL \$ 53.00 THANK YOU FOR
	CHOOSING BARWOOD FOR RESERVATIONS
04/09/11 - Ground Transporation -	TEL 381-984-1988
Participants - Pat O'Neill, Judy Docca, Mike Durso, Alan Xie	110
ARROW CAB CO 415-648-3181  San Francisco, California	04/07/11 - Ground Transporation to Dulles Airport - Participants - Pat O'Neill, Judy Docca, Shirley Brandman
Date	
From MARQUIS	
TO FISH WARF MAR	DATE 4/11/11 AMOUNT \$ (00.
Amount	RECEIVED FROM
Driver's Name	DESTINATION 67/1/2 LANDON LAUR
Cab Number	CAB#DRIVER I.D.#
	DRIVER'S NAME HOME

04/10/11 - Ground Transporation -Participants - Roland Ikheoa, Pat O'Neill, Alan Xie

ARROW CAB CO. - 415-648-3181
San Francisco, California

04/11/11 - Ground Transporation from Dulles Airport to home -Participants - Pat O'Neill, Judy Docca

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

	0 0 0 0			Base School Location New: ☐ Yes Ø No Board of Education	
Employee	ID No.	/Five+)	(Middle)		
Name O'Neill	(Last)	(First) Patricia	(Middle)	No. Miles to and from Home and Base Loc 22.0	ation
Address	(Street No.) (Street)	1 diricia	(Apt. No.)	Job Title	
Address	(Stieet No.) (Stieet)		(Apt. 140.)	Board Member	
	(City)	(State)	(ZIP Code)	Submitted for Month of:	-
	(City)	Marylar		Use one form for each month	
Date	Destination	Purpose of Trip	No. of Miles	Parking, Tolls, Public Transportation	
	Dodination	· · · · · · · · · · · · · · · · · · ·	Reimbursable	Amount Item	
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le/7	DCL -	CRADUATION	170		_
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		Signaturé, Account Manager		Date Date	I
ACCOL	UNT NUMBER				



## **Corporate Purchasing Cardmember Report**

New Charges \$

31.01

#### Sign-up For Online **Statements**

www.americanexpress.com/checkyourbil

Prepared For PATRICIA O'NEILL MCPS MDTAX

0.00

For your records only - do not pay.

Previous Balance \$

Account Number XXXX-XXXX

Payments \$

0.00

Closing Date 07/28/11

Other Credits \$

0.00

Page 1 of 2

Due \$ Do Not Pay

31.01 For important information regarding your account refer to page 2.

**Balance** 

4 0

0

Card Number XXXX-XXXXX

07/20/11

**Activity** 

REF#

HAMBURGER HAMLET 21 1 RESTAURANT Total for PATRICIA O'NEILL

call Customer Service at 1-800-492-4920.

Date reflects either transaction or posting date

BETHESDA

Other Debits \$

0.00

MD 07/19/11

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or

00000000001 New Charges/Other Debits

Payments/Other Credits

Reference Code

31.01 0.00

Amount \$

31.01

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

Account Number

Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFÖRD RM123 ROCKVILLE

20850 - 1718

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

(000)

02074 R04K9A0A

0010Z.

#### WELCOME TO HAMBURGER HAMLET 10400 Old Georgetown Rd Bethesda, MD 20814 301-897-5350

Server: Elmer Table 650/1 Guerra O	07,19 2011 1:50 <b>PM</b>
Restaurant	Hobbie.
Iced Tea Soda Water Classic Chrese Burger Napa Valley Burger	2,95 2,95 11,95 12,50
Subtotal 50% Mng Dish Sub Total Tax	30.35 -5.98 24.37 1.64
wulai	Za.07
Balance Due	26.01

MON - 50% OFF ALL WINE BOTTLES TUES - 50% OFF CLASSIC BURGERS WED - \$10 OFF YOUR BILL OF \$40 \$1100ME TO HAMBURGER HAMLET 10400 Old Georgetown Rd Bethesda, MD 20814 301-897-5350

Server: Elmer 02:17 PM Table 650/1

DOB: 07/19/2011 07/19/2011

6/60018

Amex Card #XXXXXXXXXXXX 6291467

-nval: 125638

Amount:

\$ 26,01

+ 110: 5,00

= lota 31.81

0% OFF ALL WINE b. LES

50% OFF CLASSIC BURGERS TUL WED - \$10 OFF YOUR BILL OF \$40

\* \* \* GUEST COPY \* \* \*

MICHAELA, CHANDLER PATOINE 12

prof 10)

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

		-			Base School	ol Location New: 🗆 Yes 💋 No
Employee	ID No. 0 0 0	0			· '	Board of Education
Name	(Last)	(First)		(Middle)	No. Miles to	and from Home and Base Location
O'Neill		Patricia				22.0
Address	(Street No.) (Street)			(Apt. No.)	Job Title	
					Board Mem	ber
	(City)		(State)	(ZIP Code)	Submitted f	or Month of:
			Maryland		Use one fo	orm for each month
				No. of Miles	Parking	, Tolls, Public Transportation*
Date	Destination	Purpose of	Trip	Reimbursable	Amount	ltem
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1/20	CARIFR	PALICU		25.0		
1/21	CARTER	AFILL	- A - 5 x 1	22 7		•
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Jan Jan

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

Employee I	ID No. 0 0 0	0				Location New: 🖸 Yes 💋 No Dard of Education
Name	(Last)	(First)		(Middle)	No. Miles to ar	nd from Home and Base Location
)'Neill		Patricia			•	22.0
Address	(Street No.) (Street	et)		(Apt. No.)	Job Title	
					Board Membe	r
	(City)		(State)	(ZIP Code)	Submitted for	Month of:
			Maryland		Use one form	n for each month
Date	Destination	Purpose of	f Trip	No. of Miles	Parking, T	olls, Public Transportation*
Date	Destillation			Reimbursable	Amount	Item
0/20	CARVER		RVICE	22,0		
0/21	ROCK ILLE	HS MCAA	P	16.0		
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		Signature, Principal/Su	ipervisor		Date	
APPROVI	ED	Signature, Account M	anager		il 4 /	
ACCOUN	T NUMBER		<u> </u>			



## **Corporate Purchasing Cardmember Report**

New Charges \$

89.59

#### Sign-up For Online **Statements**

www.americanexpress.com/checkyourbil

Prepared For PATRICIA O'NEILL MCPS MDTAX

0.00

Previous Balance \$

Account Number XXXX-XXXXX

Payments \$

0.00

Closing Date 10/28/11

Other Credits \$

Reference Code

0.00

Page 1 of 2

89.59 For important information regarding your account refer to page 2.

Due \$ Do Not Pay

**Balance** 

0

10/07/11

**Activity** Card Number XXXX-XXXX

For your records only - do not pay.

call Customer Service at 1-800-492-4920.

CLARION RESORT FONTA OCEAN CITY REF# 0 4105243535

Date reflects either transaction or posting date

Total for PATRICIA O'NEILL

Other Debits \$

0.00

MD 10/06/11

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or

New Charges/Other Debits Payments/Other Credits 89.59 0.00

Amount \$

89.59

Do not staple or use paper clips

**Payment Coupon** 



20850 - 1718

Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE

1.4411...1.4.1.1.11......111...111...11...11...11.1

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

0010Z,

## 10/06/11 - Breakfast while attending MABE Conference O'Neill, Barclay, Docca, Kauffman, Berthiaume, Xie

8 .....

1080 Autumn	Clarion Fontainblea Horizons Restaura			rice Revenue Center
## CHK 36	1080 Autumn		GST CHKID:	24
Dining	CHK 36 24 OCTO6'11 8:17	GST AM	DATE: CARD TYPE:	OCTO6' 8:56AM America Express
5 Dinner Menu			FXP DATE:	XX/XX
Executive 8.50  1 Fresh Fruit 6.00  1 Waffie 5.25  1 Orange Juice 2.75  1 SD Jacon 4.07  1 SD 2 eggs 4.0  1 Owelet 6.25  1 add peppers 0.85  1 add mushrooms 0.85  2 add cheese .70  1 Omelet-Veg 7.50  1 Eggs-2 5.25  Food 59.75  20% GRATUITY 11.95  0.5% City Tax 0.30  6.0% Food Tax 3.59  Total: 87 FSG  Thank you for dining with us	1 Oatmeal 1 Milk STRAW	4.50 1.85		PO NEITL
1 SD 2 eggs	Executive 1 Fresh Fruit 1 Waffle 1 Orange Juice	8.50 6.00 5.25 2.75		
20% GRATUITY 11.95 0.5% City Tax 0.30 6.0% Food Tax 3.59 Total: \$7 50  Thank you for dining with us	1 SD 2 eggs 1 Omelet 1 aud peppers 1 add mushrooms 2 add cheese	4.0 6.25 0.85 0.85 .70	in accordan	ce with card holder
20% GRATUITY 11.95 0.5% City Tax 0.30 6.0% Food Tax 3.59 Total: \$7 50  Thank you for dining with us			PAT, CHR	(IS, ALAN, JUTY)
	20% GRATUITY 0.5% City Tax 6.0% Food Tax	11.95 0.30 3.59	PHIL	LAURA B,
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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

Employee	e ID No. 0 0 0	0		Base School Location New: ☐ Yes ☑ No Board of Education
Name O'Neill	(Last)	(First) Patricia	(Middle)	No. Miles to and from Home and Base Location 22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title Board Member
	(City)	(State) Maryland	(ZIP Code)	Submitted for Month of:  Use one form for each month
Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*  Amount Item
11/3	RM	MILYTARYSALUTE	100	7 1.104.1.
11/10	CARVER	HEARING CIP	201	
		PA COLUMN	2410	
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		Signature, Principal/Supervisor		<u>17 7 [</u> ( Date
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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

	0 0 0 0			Base Sch	ool Location New: 🗆 Yes 💋 No Board of Education
Employee	e ID No.				<u> </u>
Name	(Last)	(First)	(Middle)	No. Miles to	and from Home and Base Location
O'Neill		Patricia			22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title	
				Board Mer	
	(City)	(State) Maryland	(ZIP Code)		for Month of:
			No. of Miles	Parkin	g, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount	ltem
1/4	CARVER	BUNGET MEETING BELKY NEWMAN	22,0		
177	CARVER	THE ALLINA	22.0		
1/15	PAINT BRAICH / ARET	RPOLESCONE METHODA	42.0		
1/19	CARVIDA	THE ARC	22.0		
1/2	CARVER	ADHOC / WALFERE	-22, O		
112	LARVEI-	CN14 400	2000		
1/25	LATA RE	LEG	88.0	ļ	- ' '
1/26	CARVER	POLICY	22,0		
1/27	CARVERDIMIE	PINNING MEETIN	-22:0		/ (ca)
1/28	CARVER 9 COUNTY COU	WORKSESSIDA) / BERLINE	2/2.0	-	D-Total
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APPRO	OVED	Signature, Account Manager		2,16 Date	
ACCOL	JNT NUMBER				

Jan 1912

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

	0 0 0			Base School Location New: ☐ Yes ☑ No Board of Education
Employee	e ID No.			Board of Eddeadon
Name	(Last)	(First)	(Middle)	No. Miles to and from Home and Base Location
O'Neill		Patricia		22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title
				Board Member
	(City)	(State)	(ZIP Code)	Submitted for Month of:
		Maryland		Use one form for each month
			No. of Miles	Parking, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount Item
2/1	CARVER	MOE /AU!	22,0	
Jan /17	LARIETZ.	HISTORY TAN	22,0	
2/4	CARVER	EN FOUNDATION!	22,10	
2/13	MATTERIAL H. S.	AM CHINESE COLLEGE	14.0	
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		Signature, Account Manager		Date
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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

				Base School Location New: 🗆 Yes 🗹 No
Employee	e ID No. 0 0 0	0.		Board of Education
Name	(Last)	(First)	(Middle)	No. Miles to and from Home and Base Locatio
O'Neill		Patricia		22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title
				Board Member
	(City)	(State)	(ZIP Code)	Submitted for Month of: Massall
		Maryland		Use one form for each month
Data	Destination	Durness of Trin	No. of Miles	Parking, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount Item
3/2	CARVER 4-CC	RUND- (IP	22	
2/3	DXFT, CARVER		- 22,0	
3/4	CARITER	PARENT ACADEMY	22,0	
SK	XE & MCAPP	FRANCIST - NEWMAN	360	
3/10	MAR VER	TRIPTO AMAGOU	122,7	
3/17	COUNTY COUNT	2 CIP	120.	
3/15	CARVIER	BUDGET	22.0	
3/16	CARVER	POLICY	22,0	
2/17	CARVER	AN HOOGED FOUND	22.0	
3/20	PAINT BRACH	L CROWD BREAK	30,0	
3/25	CANVER	NOWWAK-PRAL.	12.0	
3/30	CARIFR	THE ED MARKE	、スノって	Tha I I I
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		Signature, Principal/Supervisor		Date
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ACCOL	UNT NUMBER		<u> </u>	

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

## MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

				Base School Location Nev	w: 🔾 Yes 🜠 No
Employee	e ID No. 0 0 0			Board of Educ	ation
Name .	(Last)	(First)	(Middle)	No. Miles to and from Home	and Base Location
O'Neill		Patricia		22.0	
Address	(Street No.) (Street)		(Apt. No.)	Job Title	
				Board Member	
	(City)	(State)	(ZIP Code)	Submitted for Month of:	APQ()
<b>ye</b>		Maryland		Use one form for each m	onth
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		Signature, Principal/Supervisor		Date	
APPRO	OVED				
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kmy upilio

# Division of Controller MONTGOMERY COUNTY PUE TO SUBJECT SOLS Rockville, Mary Thomas (200)

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

Employee ID No. 0 0 0				ocation New: 🗆 Yes 💋 No and of Education
Name (Lost) O'Neilf	(Fire)) Patricia	(Middle)	No. Miles to and	from Home and Base Location 22.0
Address (Sireat No.) (Sireat)		(Apt. No.) 1	Job Title Board Member	
(Sily)	(State) Maryland	MR Code)		for each month /
Date Destination  5 A INES  5/3 CAPINETE  5/3 CARVETE  5/4 CARVETE  5/5 CARVETE  5/5 CARVETE  5/10 CARVETE  5/17 CARVETE  5/18 CARVETE  5/18 CARVETE  5/18 CARVETE  5/26 CARVETE	PUIDOSE OF THE  THE DICHTON  TANK DO MARTIES  MANUEL BRUEFILL  ECAL IN JESTINE  MESTINE  DIE DICHPITON  THE DICHPITON  THE DICHPITON  THE DICHPITON  FROM PROPER  THANKS  THANKS  ALDGET  ALDGET  ALDGET  ALDGET  ALDGET  ALDGET  THANKS  ALDGET  ALDGET  THANKS  ALDGET  ALDGET  THANKS  ALDGET  ALDGET  THANKS  THANKS  ALDGET  THANKS  THANKS  ALDGET  THANKS  THANKS  THANKS  ALDGET  THANKS  THAN	No. of Miles Reimbursable	Amount  Amount	Item  Item  Public Transportation*  Item  Public Transportation*  Item  OF CONTROLLER
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### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

Account Number

Closing Date 05/29/10

Page 1 of 2

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

**52.10** For important information regarding your account refer to page 2.

For your records only - do not pay.

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

Activity

Date reflects either transaction or posting date

Card Nu	Imber XXXX-XXXXX		Reference Code		Amount \$
05/17/10	MAMA LUCIA OF FALLS ROCKVILLE REF# 85431380138 301-468-7084	MD 05/17/10	85431380138		52.10
Total for	r PATRICIA O'NEILL	*	New Charges/C	ther Debits-	52:10

New Charges/Other Debits-Payments/Other Credits 0.00

Do not staple or use paper clips

Payment Coupon



Please enter account number on all correspondence.



PATRICIA O'NEILL
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD

20850 - 1718

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side. 14921 J Shady Grove Rd Rockville, MD 20850 (301) 762-0635

Date:

May17'10 12:46PM

Card Type: Amex

Acct #:

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Exp Date: Auth Code: 520533

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Check:

5436

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Gratuity:

Signature

I agree to pay above total according to my card issuer

agreement.

\* \* \* \* Guest Copy \* \* \* \* KRIS TRIBLE SHIRLEY BRANDMAN MCCPTA-BUDGET

14921 J Shady Grove Rd Rockville 50 (301)

224 Cahni B

Tb1 406/1

Ma; . 2 Toed Tea @ 1.9 1 Soft Drink 1 Side Caesar 3.75 Insalata 11.00 1 Eggplant Parm Veggies \$ 3.00 TORTELLINI POMODORO

1 Open Food 3.00 1 Spag Carbonara

Subtotal 41.60 2.50 Tax 44.10 12:41PM Total

> Thank You, Join us again.

Jan Jan

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

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

								Base Scho	ool Location New: 🗆 Yes 🗹 No
Employe	e ID No. 0	0	0	0					Board of Education
Name	(Last)				(First)		(Middle)	No. Miles to	and from Home and Base Location
O'Neill					Patricia				22.0
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								Board Men	
	(City)				-	(State)	(ZIP Code)		for Month of: Die
	<u>}</u>					Maryland			orm for each month
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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

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

	0 0 0	0		Base School Location New: ☐ Yes ☑ No
Employe	e ID No.		1	Board of Education
Name	(Last)	(First)	(Middle)	No. Miles to and from Home and Base Location
O'Neill		Patricia		22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title
				Board Member
	(City)	(State) Maryland	(ZIP Code)	Submitted for Month of: Use one form for each month
_			No. of Miles	Parking, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount Item
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7/7	CARVIER	PENSIAN)	227)	A A A A A
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		Ungraphie, Accounty Manager		Date
ACCO	UNT NUMBER			

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

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

			Base School Location New: 🗆 Yes 🗹 No					
Employee ID No. 0 0 0			Board of Education					
Name (Last)	(First)	(Middle)	No. Miles to and from Home and Base Location					
O'Neill	Patricia		22.0					
		/A-+ NI- \						
Address (Street No.) (Street)		(Apt. No.)	Job Title					
			Board Member					
(City)	(State)	(ZIP Code)	Submitted for Month of:					
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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

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

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Employee	1D No. 0 0	0 0		3			Board of Education	
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'Neill			Patricia				22.0	
ddress	(Street No.)	(Street)			(Apt. No.)	Job Title		
						Board Mem	ber	
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### **Corporate Purchasing Cardmember Report**

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

Account Number XXXX-XXXX

Closing Date 09/28/10

Page 1 of 2

Balance Due \$ Do Not Pay

Previous Balance \$ New Charges \$ Other Debits \$ Payments \$ Other Credits \$ 1,520.00 0.00 0.00 0.00 0.00

1,520,00 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 or call Customer Service at 1-800-492-4920.

Activity

Date reflects either transaction or posting date

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Card Nu	mber XXXX-XXXX		Reference Code		Amount \$
09/22/10	AMERICANASSOCSCHOOLA 730-875-0779 REF# 155249 CHARITABLE ORG	VA 09/22/10	15524900000		825.00
- 09/24/10	NSBA-0115ALEXANDRIA REF# 39400025 703-838-6722 CONTRIBUTIONS/ ROC NUMBER 39400025	09/24/10	39400025000		695.00
Total for	PATRICIA O'NEILI		New Charges/	Other Debits	1,520.00

Payments/Other Credits

0.00

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



Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE

20850 - 1718

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, September 22, 2010 2:55 PM

To:

Gibson, Becky

Subject: Confirmation Patricia O'Neill: 1/17/2011 12:00:00 AM



#### AASA 2011 National Conference on Education



#### Your Registration Confirmation #



Patricia O'Neill 850 Hungerford Drive 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 11:55:01 AM, Amex, ... \$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 pickup 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.

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 <u>aasareg@cmrus.com</u> 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.

#### Housing:

If you haven't made your housing reservations yet, <u>click here</u> 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 <a href="mailto:aasareg@cmrus.com">aasareg@cmrus.com</a>, or by fax at (415) 293-4070. A new confirmation will be sent after each change or correction.

To make changes to your registration record, visit the following link: https://www2.cmrreg.com/aasa\_1a/register.aspx

### Gibson, Becky

From:

registration@nsba.org

Sent:

Thursday, September 23, 2010 3:13 PM

To:

O'Neill, Patricia

Cc:

Gibson, Becky

Subject: 2011 Annual Conference Confirmation Letter



National School Boards Association
School Board Leadership for Student Achievement

09/23/2010

Confirmation ID #:

Dear Mrs. O'Neill:

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: Mrs. Patricia B. O'Neill

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.

# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

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

											Base Scho		New: 🗆 Yes 🗹 No
Employee	D No.	0	0	0	0							Board of E	Education
Name	(La	st)				(First)			(Middle)		No. Miles to	and from H	lome and Base Loca
O'Neill						Patricia						22.	.0
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	(Cit	у)					(	(State)	(ZIP Co	de)	Submitted	for Month of	EACT
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### Corporate Purchasing Cardmember Report

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For PATRICIA O'NEILL MCPS MDTAX

Account Number XXXX-XXXXX

Closing Date 10/28/10

Page 1 of 2

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

For your records only - do not pay.

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

Activity

Date reflects either transaction or posting date

Card Nu	Imber XXXX-XXXX		Reference Code	Amount \$
10/12/10	CORPORATE REMITTANCE RECEIVED	10/12	05059000000	-1,520.00
10/02/10	CLARION RESORT HOTEL OCEAN CITY FOL# 572580 LODGING ARRIVAL DATE DEPARTURE DATE 09/28/10 10/01/10 00 ROOM RATE \$145.00 ROC NUMBER 572580	MD 10/02/10		18.12 🗸
10/18/10	TIDEWATER LANDING RE WASHINGTON REF# 08840139 301-695-9750 FOOD/BEVERAGE ROC NUMBER 08840139	DC 10/18/10	08840139000	21.29 ~
Total for	r PATRICIA O'NEILL		New Charges/Other Debits Payments/Other Credits	39.41 -1,520.00

Do not staple or use paper clips

**Payment Coupon** 



Please enter account number on all correspondence.



PATRICIA O'NEILL MCPS MDTAX 850 HUNGERFORD RM123 ROCKVILLE

20850 - 1718

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

Fontainebleau Hotel 10100 Coastal Highway Ocean City, MD 21842

United States

410-524-3535 Fax: 410-524-3834

Patricia O'Neill Montgomery County B O E 850 Hungerford Drive Page Number: 1
Guest Number: Folio ID : A

Arrive Date: 09-28-10 Depart Date: 10-01-10

Room 123

Rockville, MD 20850

United States
BE0927 - Mabe

No. Of Guest: 1
Room Number: 1508

Club Account:
AR Account:

Copy Invoice

#### Fontainebleau Hotel 10-01-10 09:56 VALERIE

Date	Reference	Description	Charges	Credits
09-30-10	5400	Gift Shop	1.59	
10-01-10	398	Horizons	16.53	
10-01-10	AX	American Express		-18.12
<b></b>		** Total	18.12	-18.12
		*** Balance	. 0.00	1 1 1 1

Signature

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

10/18/2010 BROAD Prize announcement Meal on trip home Pat O'Weill Airport

i dewater Landing Reagan National Airport Terminal B South Pier

25 Luri 7 Tb1 14/1 852 1 02:07PM

> Tidewater Landing Reagan National Airport Terminal B South Pier

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I agree according Tre total

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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

### MONTHLY STATEMENT OF MILEAGÉ FOR USE OF PRIVATE VEHICLE

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	:			Base School	Location New: 🗆 Yes 🌠 No
Employee	ID No. 0 0 0	0	<i>y</i>	Во	oard of Education
Name	(Last)	(First)	(Middle)	No Miles to an	nd from Home and Base Location
O'Neill		Patricia		, 10. 1100 10 4	.22.0
Address	(Street No.) (Street)		(Apt. No.)	Job Title	
Address	(Officer Mo.)			Board Membe	ar.
	(City)		(State) (ZIP Code) Maryland	Submitted for	1 4 6 4
(Contract)	<b>7</b>		Wai yiailu		n for each month
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11/2/16	CARVER	FOLK44 D.	EL. 22.0		
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11/27	CARLER	43 K3 E	22.0		
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	76	Signature, Account Ma	nager		<u>v</u>
ACCOL	INT NUMBER				



### Corporate Purchasing Cardmember Report

New Charges \$

88.44

#### Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For
PATRICIA O'NEILL
MCPS MDTAX

39.41

Previous Balance \$

Account Number

Other Debits \$

0.00

Closing Date 11/28/10

Other Credits \$

0.00

Page 1 of 2

Balance
Due \$ Do Not Pay

**88.44** For important information regarding your account refer to page 2.

For your records only - do not pay.

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

Payments \$

39.41

Activity Date reflects either transaction or posting date								
Card Nu	Imber XXXX-XXXXX		Reference Code		Amount \$			
11/05/10	CORPORATE REMITTANCE RECEIVED	11/05	05059000000		-39.41			
11/08/10	FAMOUS DAVE'S #2041 ANNAPOLISREF#-537287019522941376 RESTAURANT CHARGES ROC NUMBER 53728701	MD 1-1 / 08 / 10	53728701000		27.06			
11/08/10	VICINO RISTORANTE IT SILVER SPRIN REF# 85185640313 301-588-3372	NG MD 11/08/10	85185640313		61.38			
Total for	r PATRICIA O'NEILL		New Charges/ Payments/0	Other Debits Other Credits	88.44 -39.41			

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



Please enter account number on all correspondence.



PATRICIA O'NEILL
MCPS MDTAX
850 HUNGERFORD RM123
ROCKVILLE MD

20850 - 1718

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

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131/1

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Please Retain For Your Recoil -

PAT D'NEIZL LAURA STEWERS MABLE LIGH,

3002 Victori

~ 23.00

DINHER F VICINO RISTORANTE ITALLA 955 SLIGO AVE SILUTE PRING MD 20910 Sel 188-3372 COPY 11/08/2010 22:56:5 Sale: Transaction # Card Type Асо: янаянняямя Swiped Entry 51 38 Bse Ant 10,00 ~ 1 Amt: ice ID: Leference No.: 0001407213111 C Mes POST HE HINTKT erchant number #1X500

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### MONTGOMERY COUNTY BOARD OF EDUCATION Rockville, Maryland

November 9, 2010

### **MEMORANDUM**

To:

Mr. Robert J. Doody, Controller

Division of Controller

From:

Roland Ikheloa, Chief of Staff

Subject:

Check Request Payable to Patricia O'Neill, ID No.

Please issue a check in the amount of \$75.34 in reimbursement of the attached two cash taxi receipts (fair plus \$5.00 tip for each) while attending the BROAD Prize Announcement Activities in New York.

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

Mrs. Patricia O'Neill....

Thank you.

RI:rlg

Attachment

Approved

#### BROAD Prize Announcement Activities 10/18 - 10/19 - Transporation to/from Airport and Hotel

MED#	4P72
10/18/10	TR 4578
START -EN	) MILES
17:45 18:	15 8.9
Resular Fa	are
RATE 1:\$	24.90
SURCH: ≸	1.00
QMTnl:\$	4.57
StSrch:≸	0.50
TOTAL: \$	30.97
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TO CONTAC	T TLC
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# Division of Controller MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

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

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Name (Last) (First)						(First)		(Middle)	No. Miles to	and from Home and Base Locatio
O'Neill Patricia						Patricia				22.0
Address	(St	reet No	o.)	(Stree	t)	· ·		(Apt. No.)	Job Title	
	,	)		,	,				Board Mer	nber
	(Cit	·v)		-			(State)	(ZIP Code)		for Month of:
_	)	· <b>y</b> /					Maryland	(Zii Gode)		form for each month
								No. of Miles	Parkin	g, Tolls, Public Transportation*
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### MONTGOMERY COUNTY BOARD OF EDUCATION Rockville, Maryland

December 6, 2010

#### **MEMORANDUM**

To:

Mr. Robert J. Doody, Controller

Division of Controller

From:

Roland Ikheloa, Chief of Staff

Subject:

Approved

Check Request Payable to Patricia O'Neill, ID No.

Please issue a check in the amount of \$45.35 in reimbursement of the attached receipt for a lunch meeting with members of the Montgomery County Senate and Delegation.

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

Mrs. Patricia O'N	eill		
Thank you.		•	•
RI:rlg			•
Attachment			

SHEILA HIKGON NANCY KING LAURA STEINGERG 5134111 PAT O MELLO HOLLYHOOD DINER 395 ROCKVILLE PIKE

RUCKVILLE, AG 20852

1-(3)11/424-50005 SSUES

Merchant ID: 720000020677 lerm I<sup>(1)</sup> 002

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Entry Method: Swiped

09/24/10

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