



# Request for Reimbursement of Expenses Paid by Board of Education Member

**Instructions:** Complete this form for reimbursement of expenses, not including mileage. All original itemized receipts must be attached to this form. This form must be completed and submitted to the Board of Education office no later than 20 business days after the end of the month for which reimbursement is requested. Actual cost of meals, including applicable taxes, will be reimbursed up to the federal published CONUS (continental U.S. <http://www.gsa.gov/portal/content/101518>) rate per diem.

Board Member Name \_\_\_\_\_ ID No. \_\_\_\_\_

**DATE OF EXPENSE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Did expense require pre-approval?  Yes  No

If yes, did you receive pre-approval?  Yes  No

**TYPE OF EXPENSE**

Meal/Food

Ground Transportation

Other \_\_\_\_\_

**PURPOSE OF EXPENSE**

Constituent Services  Intergovernmental Relations  MCPS related Meeting/Event

Travel costs to activity/event, other than mileage

Other (e.g. conference-related expense, meal between Board meetings, supplies/services)

Briefly describe how the expense promotes Board priorities and aligns with the work of the Board. If expense involved a meeting, please provide name(s) and role(s) of meeting participant(s), as well as why it could not take place at CESC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT OF REQUESTED REIMBURSEMENT:** \_\_\_\_\_

Itemized Receipt Attached

Requestor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  Approved  Denied

Basis for Decision

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Board Chief of Staff*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Board Vice President*

Information has been reviewed for completeness and request may be processed for payment.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Superintendent or Designee*