Suzann King

MONTGOMERY COUNTY BOARD OF EDUCATION Rockville, Maryland

February 26, 2014



MEMORANDUM

To:

Mrs. Susan B. Chen, Controller

Division of Controller

From:

Ikhide Roland Ikheloa, Chief of Staff

Subject:

Check Request Payable to MABE

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

Please charge the account number indicated.

Ms. Suzann King	
Thank you.	
IRI:rlg	

Approved

Attachment



MD ASSOCIATION OF BOARDS OF EDUCATION

621 RIDGELY AVENUE #300 ANNAPOLIS, MD 21401

Voice: 410 841 5414 410 841 6580 Fax:

www.mabe.org

Invoice Number: Ethics Semin S.King

Invoice Date:

Feb 12, 2014

Page:

1

Dupi	icate

Bill To:	
Montgomer 850 Hunge Rockville, N	

Ship to:

Montgomery Co Public Schls 850 Hungerford Drive Rockville, MD 20850

	Customer ID	Customer PO	Paymen	t Terms
-	Montgomery Co P S		Net 10	Days
	Sales Rep ID	Shipping Method	Ship Date	Due Date
		Airborne		2/22/14

Quantity	Item		Description	Unit Price	Amount
		Registration for MD I	Ethics seminar 2/28/14 - Suzann M. King		70.00
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			Subtotal		70.00
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			Total Invoice Amount		70.00
heck/Credi	t Memo	No:	Payment/Credit Applied		
			TOTAL		70.00



PURCHASING CARDCard Member Transaction Log

MCPS Form 234-21 June 2009

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

Card member name Suzann King School/office name Board of Education To March 29, 2013 USE SEPARATE LOG FOR EACH ACCOUNT For the period: From February 28, 2013 To March 29, 2013 USE SEPARATE LOG FOR EACH ACCOUNT Date Ordered Date Delivered Total Amount Supplier Name Supplier/Services (required) Statement Date (33,05) 03/05/2013 \$10.00 Colonial Parking, Rockville Parking, while attending Board Refreat 03/30/2013 Total Amount				-	unt etc.)			1				
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ard member name Suzann King -hool/office name Board of Education or the period: From February 28, 201 Date Ordered Date Delivered 03/04/2013 03/05/2013					Total Amount (\$)				~	-		
ard member name chool/office name or the period: Fron Date Ordered 03/04/2013	Suzann King	Board of Education	February 28, 201		Date Delivered	03/05/2013				-		
0 % 1	Card member name	School/office name_	For the period: Fron		Date Ordered	03/04/2013						

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.

	6, 46	۵
		Signature, Appropried Official
	2/8/2	Date
ase card privilege and/or disciplinary action. \int_{-1}^{2}	(X)	Signature, Said Mamber



Corporate Purchasing Cardmember Report

Sign-up For Online Statements

www.americanexpress.com/checkyourbill

Prepared For SUZANN KING-BOE Account Number

Closing Date 03/30/13

Page 1 of 2

Balance

Due \$ Do Not Pay

 Previous Balance \$
 New Charges \$
 Other Debits \$
 Payments \$
 Other Credits \$

 0.00
 10.00
 0.00
 0.00
 0.00

10.00 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

 Card Number
 Reference Code
 Amount \$

 03/05/13
 COLONIAL PARKING #77 ROCKVILLE REF# 08810018
 MD 08810018000
 08810018000

PARKING FEES-

ROC NUMBER 08810018
Total for SUZANN KING-BOE

New Charges/Other Debits Payments/Other Credits 10.00 0.00

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

Account Number

Please enter account number on all correspondence.

SUZANN KING-BOE

1412 850 HUNGERFORD RM123

152 ROCKVILLE MD

20850 - 1718

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

MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

Employe	0 0 0	0			ool Location New: ☐ Yes ☐ No - Board of Education Office
Employee Name	(Last)	(First)	(Middle)		o and from Home and Base Location
King	, (Suzann	M	140. 1411100 11	24.0
Address	(Street No.) (Street		(Apt. No.)	Job Title	
4	(0.001.10.)		(, , ,	Staff Assis	stant
	(City)	(State)	(ZIP Code)	Submitted	for Month of: April 2013
سجوي	(0.13)				form for each month
			No. of Miles	Parkin	g, Tolls, Public Transportation*
Date	Destination	Purpose of Trip	Reimbursable	Amount	Item
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MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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King	V				Suzann	M	IVO. Willes &	24.0
Address	(Str	reet No.) ((Street)		(Apt. No.)	Job Title	
							Staff Assis	stant
	(Cit	у)			(State)	(ZIP Code)	Submitted	for Month of: June 2013
4868							Use one	form for each month
Date		Destir	ation		Purpose of Trip	No. of Miles		g, Tolls, Public Transportation*
Dale		Desiii	lation		Fulpose of Trip	Reimbursable	Amount	Item
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MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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King						Suzann		M		24.0	
Address	(St	reet No	o.)	(Stree	t)			(Apt. No.)	Job Title		
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	(Cit	ty)					(State)	(ZIP Code)			September, 2013
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Date		Dest	inatio	n		Purpose o	of Trip	No. of Miles		g, Tolls, Public	Transportation*
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MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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Address	(Street No.) (Street		(Apt. No.)	Job Title			
				Staff Assista	ant		
	(City)	(State)	(ZIP Code)		or Month of: January 2012 rm for each month		
	D. P. S.		No. of Miles	Parking, Tolls, Public Transportation*			
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MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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Name	(La	st)				(First)		(Middle)	No. Miles to	and from Home and Base Location	
King						Suzann		M		24.0	
Address	(St	reet No).)	(Stree	rt)			(Apt. No.)	Job Title		
·ELEC									Staff Assis	stant	
	(Ci	ty)				(St	(ZIP Code)	Submitted for Month of: April 2012			
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MONTHLY STATEMENT OF MILEAGE FOR USE OF PRIVATE VEHICLE

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Employe	e ID No.	0	0	0	0	4		•	CI	ESC/Board of Education												
Name (Last) (First) (Middle)										No. Miles to and from Home and Base Location												
King						Suzann		M		25												
Address	(St	reet No).)	(Stree	et)			(Apt. No.)	Job Title													
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Date	Pate Destination					Purpos	se of Trip	No. of Miles Reimbursable	Amount	Item												
7-9-12	Rockville Courthouse					Swearing in of	SMOB		2 \$4.00	Parking												
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