

Suzann King

MONTGOMERY COUNTY BOARD OF EDUCATION
Rockville, Maryland

February 26, 2014

Janet 2/26
PAID

MEMORANDUM

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

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

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

Attachment

Approved *[Signature]*



MD ASSOCIATION OF BOARDS OF EDUCATION

621 RIDGELY AVENUE #300
ANNAPOLIS, MD 21401

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

INVOICE

Invoice Number: Ethics Semin S.King
Invoice Date: Feb 12, 2014
Page: 1

Duplicate

Bill To:
Montgomery Co Public Schls 850 Hungerford Drive Rockville, MD 20850

Ship to:
Montgomery Co Public Schls 850 Hungerford Drive Rockville, MD 20850

Customer ID	Customer PO	Payment 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 Ethics seminar 2/28/14 - Suzann M. King		70.00

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

Check/Credit Memo No:



PURCHASING CARD Card Member Transaction Log

MCPS Form 234-21
June 2009

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

Card member name Suzann King
School/office name Board of Education Work location CESC, Room 123
For the period: From February 28, 2013 To March 29, 2013

USE SEPARATE LOG FOR EACH ACCOUNT

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
03/04/2013	03/05/2013	\$10.00	Colonial Parking, Rockville	Parking, while attending Board Retreat	03/30/2013	██████
Total		\$10.00				

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log may be grounds for cancellation of my purchase card privilege and/or disciplinary action.

[Signature] 4/18/13 4/24/13
Signature, Appraising Official Date Date



**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

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
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 MD REF# 08810018 202-295-8167 03/04/13 PARKING FEES ROC NUMBER 08810018	08810018000	10.00
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



850 HUNGERFORD RM123
ROCKVILLE MD 20850-1718



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


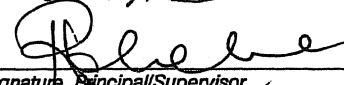
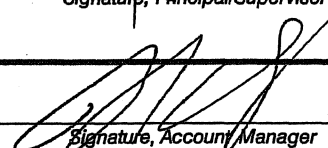
Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

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

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: *Local Travel*.) List all official stops in date order.

Employee ID No. 0 0 0 0 XXXXXXXXXX	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CESC - Board of Education Office
Name (Last) (First) (Middle) King Suzann M	No. Miles to and from Home and Base Location 24.0
Address (Street No.) (Street) (Apt. No.) XXXXXXXXXX	Job Title Staff Assistant
(City) (State) (ZIP Code) XXXXXXXXXX	Submitted for Month of: April 2013 Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
4-8-13	MABE to office	LSA meeting	45.0		
(continue on back)		Total This Page	45.0	\$0.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED		Total Reverse Page	0.0	\$0.00	
		GRAND TOTAL	45.0	\$0.00	

 _____ Signature, Employee	4/9/13 _____ Date	PAID
 _____ Signature, Principal/Supervisor	4/10/13 _____ Date	
 _____ Signature, Account Manager	4/19/13 _____ Date	

APPROVED

ACCOUNT NUMBER XXXXXXXXXX

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

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

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: *Local Travel*.) List all official stops in date order.

Employee ID No. <table border="1" style="display:inline-table; vertical-align:middle"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td style="background-color:black; color:black;">[REDACTED]</td></tr></table>	0	0	0	0	[REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CECSC - Board of Education Office
0	0	0	0	[REDACTED]		
Name (Last) King Name (First) Suzann Name (Middle) M	No. Miles to and from Home and Base Location 24.0					
Address (Street No.) [REDACTED] (Street) [REDACTED] (Apt. No.) [REDACTED]	Job Title Staff Assistant					
(City) [REDACTED] (State) [REDACTED] (ZIP Code) [REDACTED]	Submitted for Month of: June 2013 Use one form for each month					

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
6-17-13	MABE LSA meeting	seminar	42.0		
(continue on back)			Total This Page	42.0	\$0.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED			Total Reverse Page	0.0	\$0.00
			GRAND TOTAL	42.0	\$0.00

For Accounting Use Only
 _____ miles @ _____
 Other: _____
 Pay: _____

Signature, Employee
 7/3/13
 Date

Signature, Principal/Supervisor
 7/3/13
 Date

PAID
23/13

APPROVED

Signature, Account Manager
 7/22/13
 Date

ACCOUNT NUMBER [REDACTED]

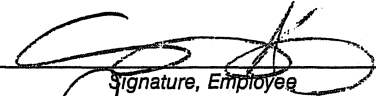
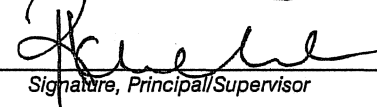
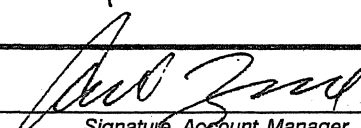
Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

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

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: *Local Travel*.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]			Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CESC - Board of Education Office
Name (Last) King	(First) Suzann	(Middle) M	No. Miles to and from Home and Base Location 24.0
Address (Street No.) (Street) [REDACTED]		(Apt. No.)	Job Title Staff Assistant
(City) [REDACTED]	(State) [REDACTED]	(ZIP Code) [REDACTED]	Submitted for Month of: September, 2013 Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
09-09-13	MABE LSA meeting	attend legal serv. assn meeting	42.0		
(continue on back)		Total This Page	42.0	\$0.00	For Accounting Use Only _____ miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED		Total Reverse Page	0.0	\$0.00	
		GRAND TOTAL	42.0	\$0.00	

 _____ Signature, Employee	9/10/13 _____ Date
 _____ Signature, Principal/Supervisor	9/12/13 _____ Date
<input type="checkbox"/> APPROVED  _____ Signature, Account Manager	9/13/13 _____ Date

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

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

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CESC - Board of Education Office
Name (Last) (First) (Middle) King Suzann M	No. Miles to and from Home and Base Location 24.0
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED]	Submitted for Month of: January 2012 Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1-9-12	MABE LSA meeting	seminar	42.0		
(continue on back)		Total This Page		42.0	\$0.00
*APPROPRIATE RECEIPTS MUST BE ATTACHED		Total Reverse Page		0.0	\$0.00
		GRAND TOTAL		42.0	\$0.00

For Accounting Use Only
 _____ miles @ _____
 Other: _____
 Pay: _____

Signature, Employee 1/11/12
Date

Signature, Principal/Supervisor 1/18/12
Date

APPROVED _____
Signature, Account Manager 1/19/12
Date

PAID
2331

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

January
9/18

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CESC - Board of Education Office
Name (Last) King (First) Suzann (Middle) M	No. Miles to and from Home and Base Location 24.0
Address (Street No.) (Street) (Apt. No.)	Job Title Staff Assistant
(City) (State) (ZIP Code)	Submitted for Month of: January 2012 Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
1-30-12	Rockville Public Library	Board retreat/worksession		\$8.00	
<p>WELCOME TO ROCKVILLE TOWN SQUARE PLEASE KEEP THIS TICKET WITH YOU</p> <p>Entered/Arrives: 2012/01/30 10:28 Ticket/Billet#: 136761062 Dur/Duree: 6:19:16 Paid On/Paye Le: 2012/01/30 16:48</p> <p>Paid/Paye: \$ 8.00 Original Fee: \$ 8.00 GST: \$ 0.00 PST: \$ 0.00</p> <p>Change: \$ 0.00 USA SG: \$ 0.00</p> <p>Merchant ID: [REDACTED] Swiped USA Seq# 805963 Purchase 12/01/30 16:48:31 Auth# [REDACTED]</p>					
(continues on back)				Total This Page	0.0 \$8.00
				Total Reverse Page	0.0 \$0.00
				GRAND TOTAL	0.0 \$8.00
				For Accounting Use Only	
				_____ miles @ _____	
				Other _____	
				Pay _____	

Signature, Employee Date 1/31/12

Signature, Principal/Supervisor Date 2/8/12

Signature, Account Manager Date 2/9/12

PAID

APPROVED

AC [REDACTED]

Division of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MONTHLY STATEMENT OF MILEAGE
FOR USE OF PRIVATE VEHICLE

INSTRUCTIONS: This form should be submitted to your immediate supervisor by the third of the month for the preceding month. Supervisors will forward immediately to the appropriate account manager; the Division of Controller should receive forms by the sixth of the month. (For additional information, see MCPS Regulation DIE-RA: Local Travel.) List all official stops in date order.

Employee ID No. 0 0 0 0 [REDACTED]	Base School Location New: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CESC/Board of Education
Name (Last) (First) (Middle) King Suzann M	No. Miles to and from Home and Base Location 25
Address (Street No.) (Street) (Apt. No.) [REDACTED]	Job Title Staff Assistant
(City) (State) (ZIP Code) [REDACTED]	Submitted for Month of: July, 2012 Use one form for each month

Date	Destination	Purpose of Trip	No. of Miles Reimbursable	Parking, Tolls, Public Transportation*	
				Amount	Item
7-9-12	Rockville Courthouse	Swearing in of SMOB	2	\$4.00	Parking



Date 7-09-12
Amount Received \$ 4.00
Location 497
Ticket # _____
Employee [Signature]

Thank you for parking with Colonial
GAR 100

(continue on back)	Total This Page	2	\$4.00	For Accounting Use Only Miles @ _____ Other _____ Pay _____
*APPROPRIATE RECEIPTS MUST BE ATTACHED	Total Reverse Page	0	\$0.00	
	GRAND TOTAL	2	\$4.00	

Signature, Employee
Date 8 / 10 / 12

Signature, Principal/Supervisor
Date 8-29-12

PAID

APPROVED

Signature, Account Manager
Date 8/30/12

[REDACTED]