

**REIMBURSEMENT FORM FOR MEMBERS* OF
BOARDS, COMMITTEES, AND COMMISSIONS**

This form is to be used to request reimbursement for transportation or dependent care expenses relating to membership on a County Board, Committee, or Commission (BCC). Members should submit this form on a quarterly basis to their BCC staff liaison in the same fiscal year as expenses are incurred. The County's fiscal year is from July 1 – June 30.

BCC Name: _____

Member Name: _____

Address: _____
Street Address

City, State, Zip Code

Phone: (____) _____ (____) _____
Office Home

Dates of Meetings: _____
(month/day/year) (month/day/year) (month/day/year)

Travel Reimbursement: Yes ___ No ___ # of Mtgs. ___ x \$ ___ = _____
(\$10.00 per regularly scheduled meeting or subcommittee meeting)

Dependent Care Expenses: Yes ___ No ___ # of Mtgs. ___ x \$ ___ = _____
(\$30.00 per regularly scheduled meeting or subcommittee meeting)

Total Reimbursement Request: \$ _____

I verify that the above information is correct and request reimbursement for the above expenses.

BCC Member Signature Date BCC Staff Signature Date

BCC Staff Signature also verifies that BCC staff has reviewed the BCC member's attendance record and that the BCC member attended the meetings listed above.

This form should be processed by the accounting staff of the department with which the BCC is affiliated. The codes established in Oracle for these expenses are:

Cost Center Code 99270
Account Code 64504
General Fund – Non Departmental Account - 001

For additional information, please call 240-777-2528 or contact the Department of Finance.

*Does not include "ex officio" members mandated in a BCCs enabling law.

REIMBURSEMENT INSTRUCTIONS FOR STAFF

Reimbursement is for “public” BCC members. Ex Officio members mandated in a BCCs enabling legislation should be reimbursed for travel expenses by the organization with which they are affiliated.

The rate of reimbursement is \$10.00 for transportation and \$30.00 for dependent care for each regularly scheduled BCC meeting or subcommittee meeting attended by a member. No receipts are required for either type of reimbursement.

Reimbursement for virtual meetings is for dependent care only, not transportation.

Reimbursement Forms should be distributed to all new members upon receiving their BCC orientation. Forms should also be available at every meeting. Staff should check completed forms for accuracy, especially in regard to dates of meetings attended.

Reimbursement requests should be processed QUARTERLY in the same fiscal year as expenses are incurred, but may be processed monthly upon request of a member. The County’s fiscal year is from July 1 – June 30.

Steps for processing reimbursement requests:

- 1) BCC member completes Reimbursement Form and submits to BCC staff liaison.
- 2) Staff liaison reviews Reimbursement Form for accuracy and approves.
- 3) Staff liaison submits Reimbursement Form to his/her departmental accounting staff authorized to access the Oracle accounting system.

Cost Center Code 99270
Account Code 64504
General Fund – Non Departmental Account – 001

- 4) Reimbursement check is sent to BCC member.

Note: Social Security numbers are not required for BCC members to receive reimbursements.