| TO: | National Institutes of Health (NIH), Department of Health and Human Services, Claims Review Section, DFM Building 31, Room BIB-39, Bethesda, Maryland 20892 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| FROM: | Montgomery County Public Schools (MCPS), Interim Instructional Services 850 Hungerford Drive, Room 251, Rockville, Maryland 20850 Phone: 240-453-2470 |  |  |  |  |
| Pay Day Date $\qquad$ / $\qquad$ <br>  $\qquad$ Pay Period From $\qquad$ / $\qquad$ To $\qquad$ / $\qquad$ Prepared By $\qquad$ |  |  |  |  |  |
| For the month ending $\qquad$ , payment is due to MCPS of Montgomery County, Maryland, for tutoring time provided by MCPS to NIH, under the terms of the existing contract. |  |  |  |  |  |
| NAME OF EMPLOYEE |  | HOURS TAUGHT AND PAID | RATE OF REIMBURSEMENT @ \$ $\qquad$ |  | NT DUE H |
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|  | TOTAL | 0.00 | \$ 0.00 |  | \$ 0.00 |
| GRAND TOTAL DUE $\mathbf{\$ 0 . 0 0}$ |  |  |  |  |  |
| I certify that to the best of my knowledge the above information is correct and that payment has not been received. |  |  |  |  |  |
| Signature, Director of Payroll (MCPS)____ |  |  |  |  | 1 |
| Signature, Director of NIH Children's School |  |  |  |  | 1 |
| Signature, Director of Accounting (MCPS) |  |  |  |  | 1 |
| Signature, Staff, Interim Instructional Services |  |  |  |  | 1 |
| DISTRIBUTION: COPIES 1 and 2/Division of Accounting; COPY 3/IIS; COPY 4/Division of Payroll |  |  |  |  |  |

