



Direct Payment Form



Requestor Name: Kim Clare

Supplier Name: [REDACTED]

Requestor Phone: 410-313-6605

Supplier ID: c/o Michael J. Eig and Associates, P.C.

Request Date: 8/22/17

Supplier Address: 5454 Wisconsin Avenue, Suite 760
Chevy Chase, MD 20815

REQUIRED JUSTIFICATION:

Special Education Legal Settlement

Purchasing Office Approval: _____

Special Instructions (Check all that apply):

- Check should be mailed to vendor at the address listed above.
- Please include attachments with check.
- Other: PLEASE RETURN CHECK TO MARK BLOM, ESQUIRE, GENERAL

	Worktags						Invoice Information		
	Fund	Location	State Category	Program	Cost Center	Ledger	Spend Category	Amount	Description (30 Characters)
1	10	00	06	Legal Services	Legal Services	20209: Other Contracted Services	Legal Fees	74,478.67	Special Education Legal Settlement
2									
3									
4									
5									
6									
7									
8									
9									

Accounting Office Use Only:

- Clearing account, journal entry required.
- Fixed asset, capitalization required.

Requestor: Kim Clare

Account Manager: Mark Blom

Accounting Office: Greg Bara
(Type Name)

Please attach invoice.

Kim Clare
(Sign Name)

Mark Blom
(Sign Name)

(Sign Name)

\$ 74,478.67

8/22/17
(Date)

8/22/17
(Date)

(Date)

Please send completed form to Purchasing Office for approval with appropriate justification.



Public School System

Direct Payment Form

workday

Requestor Name: Carrie Slaysman

Supplier Name: [REDACTED]

Requestor Phone: 410-313-6785

Supplier ID: c/o Ashley Van CleeS, Esquire
Supplier Address: Law Office of Brian K. Gruber, P.C.
6110 Executive Blvd., Suite 200
Rockville, MO 20852

Request Date: 7/31/2017

REQUIRED JUSTIFICATION:

Special Education Legal Settlement

Purchasing Office Approval: _____

Special Instructions (Check all that apply):

Check should be mailed to vendor at the address listed above.

Please include attachments with check.

Other: Provide Check to Mark Blom
General Counsel

Worktags							Invoice Information		
Fund	Location	State Category	Program	Cost Center	Ledger	Spend Category	Amount	Description (30 Characters)	
1	10	00	06	Legal Services	Legal Services	20209:Other Contracted Services	Legal Fees	13,543.75	Special Education Legal Settlement
2									
3									
4									
5									
6									
7									
8									
9									

Accounting Office Use Only:

Clearing account, journal entry required.

Fixed asset, capitalization required.

Please attach invoice.

\$ 13,543.75

Requestor: Carrie Slaysman

Carrie A. Slaysman
(Sign Name)

8-1-17
(Date)

Account Manager: Mark Blom

Mark Blom
(Sign Name)

8-1-17
(Date)

Accounting Office: Greg Bara
(Type Name)

(Sign Name)

(Date)

Please send completed form to Purchasing Office for approval with appropriate justification.



Direct Payment Form



Requestor Name: Michael Martin

Requestor Phone: _____

Request Date: 10/16/2017

Supplier Name: Barbara Krupiarz Supplier ID: S13607

Supplier Address: _____

REQUIRED JUSTIFICATION:

_____ 3

Purchasing Office Approval: _____

Special Instructions (Check all that apply):

Check should be mailed to vendor at the address listed above.

Please include attachments with check.

Other: _____

Worktags							Invoice Information	
Fund	Location	State Category	Program	Cost Center	Ledger	Spend Category	Amount	Description (30 Characters)
Operating (10)	General (00)	Admin (01)	Legal Services (0104)	Legal Services (0104)	20499	Legal Settlements	7,000.00	Legal Settlement with Barbara Krupiarz

Accounting Office Use Only:

Clearing account, journal entry required.

Fixed asset, capitalization required.

Please attach invoice.

\$ 7,000.00

Rev. 08-2016

Requestor: Michael Martin
(Type Name)

Account Manager: _____
(Type Name)

Accounting Office: _____
(Type Name)

[Signature]
(Sign Name)

[Signature]
(Sign Name)

[Signature]
(Sign Name)

10/16/17
(DATE)

10/16/17
(DATE)

10/16/2017
(Date)



Direct Payment Form

Requestor Name: Michael Martin

Requestor Phone: _____

Request Date: 10/13/2017

Supplier Name: E-Rate Elite Service Supplier ID: S03549

Supplier Address: 10989 Red Run Boulevard Suite 202 Owings Mills, MD 21117 United St

REQUIRED JUSTIFICATION:

_____ 3

Purchasing Office Approval: _____

Special Instructions (Check all that apply):

Check should be mailed to vendor at the address listed above.

Please include attachments with check.

Other: Return Check to Greg Bura

Worktags							Invoice Information	
Fund	Location	State Category	Program	Cost Center	Ledger	Spend Category	Amount	Description (30 Characters)
Operating (10)	General (00)	Admin (01)	Legal Services (0104)	Legal Services (0104)	20499	Legal Settlements	220,000.00	Settlement with E-Rate Elite Service

Accounting Office Use Only:

Clearing account, journal entry required.

Fixed asset, capitalization required.

Please attach invoice.

\$ 220,000.00

Rev. 08-2016

Requestor: Michael Martin
(Type Name)

Account Manager: _____
(Type Name)

Accounting Office: _____
(Type Name)

[Signature]
(Sign Name)

[Signature]
(Sign Name)

[Signature]
(Sign Name)

10/13/17
(DATE)

10/13/17
(DATE)

10/13/2017
(Date)