

**Your Company Name**

Street Address  
 Address 2  
 City, ST ZIP Code

Phone: (413) 555-0190  
 Fax: (413) 555-0191  
 E-mail: someone@example.com

**Statement**

Date:  
 Federal Tax ID or:  
 Social Security Number:  
 License/Registration Number:

Bill To: TJ Bennett  
 MSDE/DECD/OCC  
 200 W. Baltimore Street  
 10th Floor  
 Baltimore MD 21201

| Name | Amount | Receipt Attached |
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| REMITTANCE  |      |  |
|-------------|------|--|
| Amount Due: | \$ - |  |

Sign in BLUE ink only

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

You **MUST** attach copies of all receipts for names you are submitting for reimbursement. Failure to attach receipts will result in no payment for that person.