



**Maryland Capitol Police**  
 301 W. Preston St., M5  
 Baltimore, MD 21201  
 (410) 767-4060

**Reimbursable Overtime Authorization Form**

The completion of this form authorizes the Department of General Services, Fiscal Services Unit to invoice the following agency for services performed.

**The Federal ID#, and Agency Code must be filled in. P.O. number provided if available.  
 Please complete the top portion of the form and forward to DGS-MCP – Fax 410-333-7036**

AGENCY TO INVOICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

\*FEDERAL ID#: \_\_\_\_\_ \*P.O.: \_\_\_\_\_

\*AGENCY CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Please print name of person authorizing: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_

\*\*\*\*\*

**TO BE COMPLETED BY MCP**

Employee	Date(s) Work	Hours Worked	Amount to be Charged

\_\_\_\_\_  
 280201  
 Agency Code, DGS-MCP

\_\_\_\_\_  
 MCP Commander's Signature