

North Boone

Community Unit School District 200

Dr. Michael Greenlee, Superintendent

Ms. Melissa Geyman, Director of Business Services

School Board

Exhibit - Board Member Expense Reimbursement Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board. Please print and attach receipts for all expenditures. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print.

Name: ED MULLHOLLAND

Title/Office: Board Member

Travel Destination: IASB Conference / Chicago

Purpose: _____

Departure Date: 11/21/19

Return Date: 11/23/19

☒ Receipts attached

Request Date: _____

☐ Approved expense advancement (voucher) attached, if applicable* (Completed 2:125-E2, Board Member Estimated Expense Approval Form.)

Actual Expense Report

* Board members will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. (105 ILCS 5/10-22.32)

Auto Travel Allowance: _____ per mile

Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
11/21/19					3	meals	\$85.00	for Ed, Joe, Carl		\$85.00
11/23/19						\$17.84				\$17.84
Subtotal										
Advances									-	
TOTAL (a negative amount indicates refund due from Board member)									\$	102.84

Ed Mullholland
Submitting Board Member's Signature

Date

11/14/2020

Superintendent Signature

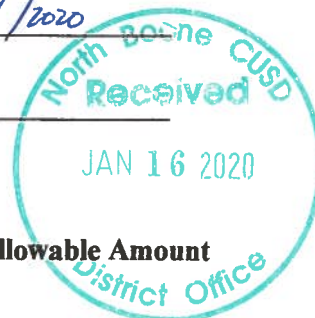
Date

School Board Action: ☐ Approved

☐ Denied

☐ Approved in Part

☐ Exceeds Maximum Allowable Amount



Link Cafe
Sheraton Grand Chicago
Chicago, IL

TABLE# /0
SERVER 901960023/Diana
CHECK# 58634

2019/11/23 11:52:21

*****Authorize*****

MERC ID:0010600000199511001162

REF No: 1123175221 CHIP

CT No: *****4821

EXP: XX/XX

CARD: MASTERCARD

CheckNo:58634

TableNo:/0

APPROVAL CODE: 193533

EMV Receipt Section

Application Label: Debit MasterC

TC: FE0F2A6621C40BE4

TVR: 8000008000

AID: A0000000041010

Subtotal: \$17.84

Tip: _____

Total: _____

X _____
Signature
CUSTOMER COPY

D4 Irish Pub
345 E Ohio Street
Chicago, IL 60611
(312) 624.8385

Credit Card Authorization

Today's date : 21-NOV-2019

Time : 51/1

Card # ending : 3356

Auth Code : 04200C

Check # : 1892

Check ID :

Table # : 51/1

Check Employee : 814

Kathryn

Subtotal : 76.94

Tip Amount: *9.95*

Total: _____

Customer Copy

814 Kathryn

Tbl 51/1

Chk 1892

Gst 3

Nov21'19 02:35PM

1 L-Fried Chick	13.00
2 *Pick 2	24.00
1 OF- Peppercorn	14.00
1 Gumball Head	7.00
1 Warpigs Lazurite	7.00

Sub Total

69.00

Tax

7.94

(03:45PM TOTAL DUE

76.94

THANK YOU!

D4 Irish Pub
345 E Ohio Street
Chicago, IL 60611
(312) 624.8385