

North Boone

Community Unit School District 200

Dr. Michael Greenlee, Superintendent
Julia Spnders, 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: Mary Maxey

Title/Office: Board

Travel Destination: Trs Conference - Chicago

Purpose: Conference

Departure Date: 11-21-19

Return Date: 11-24-19

Receipts attached

Request Date: 12-9-19

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			
				<u>16.71</u>						
Subtotal										
Advances									-	
TOTAL (a negative amount indicates refund due from Board member)									\$	

Mary Maxey
Submitting Board Member's Signature

12-9-19
Date

Superintendent Signature

Date

School Board Action: Approved
 Approved in Part

Denied
 Exceeds Maximum Allowable Amount



Hyatt Regency Chicago
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INVOICE

Mary Maxey
 6248 N Boone School Rd
 Jac1926414
 Poplar Grove IL 61065-8548

Room No. 2825
 Arrival 11-21-19
 Departure 11-24-19
 Folio Window 1
 Folio No. 3228727

Confirmation No. 3867638301
 Group Name IL Assn School Boards
 Booking No. 32M8L7NC

Date	Description	Charges	Credits
11-21-19	Deposit Transferred at C/I		200.00
11-21-19	Refrigerator Rental	25.00	
11-21-19	Package Room	209.00	
11-21-19	Occupancy Tax	36.35	
11-21-19	Guest Room - Upgrade	30.00	
11-21-19	Occupancy Tax	5.22	
11-22-19	Package Room	209.00	
11-22-19	Occupancy Tax	36.35	
11-22-19	Guest Room - Upgrade	30.00	
11-22-19	Occupancy Tax	5.22	
11-23-19	Package Room	209.00	
11-23-19	Occupancy Tax	36.35	
11-23-19	Guest Room - Upgrade	30.00	
11-23-19	Occupancy Tax	5.22	
11-24-19	Master Card	XXXXXXXXXXXX7396 XX/XX	666.71

Total 866.71 866.71

Guest Signature _____ **Balance** 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Thank you for choosing the Hyatt Regency Chicago.
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Please send comments to Hyatt at qualitychirc@hyatt.com or 888-565-5586.

For inquiries concerning your bill please call 855-869-0846

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