# **BOARD MEMBER EXPENSE REIMBURSEMENT REQUEST FORM**

Make a copy of this form to fill out and save to your Google Drive: file > make a copy

Please type form, sign and staple supporting documentation.

Submit to the Supeirntendent, who will include this request in the monthly list of bills presented to the School Board.

# Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements.

Travel from 1/1/23-12/31/23 = \$0.655 per mile

Travel from 1/1/24-current = \$0.67 per mile

Name	Angela	Balanag					Title/Office	Board M	lem	ber		
Name of conference/meet	ting	IASB 20	024 J	oint Annual (	Conference							
Date(s) of conference/meet	ting	11/22/2	2024	- 11/23/202	4		Location	Chicago				
Travel Departure	Date				11/22/2024	Travel F	Return Date					23-Nov-24
$\checkmark$	Recei	pts Atta	ched									
	Appro	oved Exp	ense	Advanceme	nt Voucher atta	ched, if app	licable					
					ACTUAL EXP	ENCEC						
Auto Travel Allowa	nce:	\$0.67	70	per mile	ACTUAL EXP	ENSES						
	М	ILEAGE				MEALS		o	THE	R		
DATE	# OF MILES	AUTO FI		LODGING	BREAKFAST	LUNCH	DINNER	ITEM		COST	DA	ILY TOTAL
06/03/24	,,,	\$	-					Registratio	\$	520.00	\$	520.00
11/22/24		\$	-	\$ 274.69			\$ 16.04	Metra	\$	6.75	\$	297.48
11/22/24		\$	-					Taxi	\$	10.25	\$	10.25
11/23/24		\$	-					Metra	\$	6.75	\$	6.75
		\$	-								\$	-
		\$	-								\$	-
		\$	-								\$	-
		\$	-								\$	-
				· ·						Subtotal	\$	834.48
									-	Advances		\$794.69
				Reimbu	rseable Amount (	negative amou	ınt inidicates re	efund due fi	om e	employee)		\$39.79
Angela Balanag								_				11/5/2024
Submitting Box	ard Mer	nber's S	Signa	ature					Da	ate		
								-				
Superintenden	t Signa	ture (if	total	is below max	ximum allowabl	e amount)			Da	ate		
School Board A	Action (	if total e	xcee	ds maximum	allowable amo	unt)						
		Appro	ved	in full		Approved	in Part		De	nied		



Katie Coyle < kcoyle@d70schools.org>

# Confirmation of 237646

1 message

info@iasb.com <info@iasb.com>
To: kcoyle@d70schools.org

Mon, Jun 3, 2024 at 12:15 PM



# This message is to confirm the receipt of your recent order.

For questions regarding this order, please email us at registrar@iasb.com

Customer's Name:	Katie Coyle
Date:	6/3/2024
Billing Address:	Libertyville SD 70 1381 Lake St Libertyville, IL 60048-1729
Payment Code: 237646Transaction Date	: 6/3/2024 12:00:00 AM
Invoice Notes:	
Total:	9079.45

12/5/24, 2:14 PM

**Payment Amount:** 

9079.45

Balance:

0.00

Authorization:

68061Q

**Reference Number:** 

8651827984340118

Bill to:

Libertyville SD 70

1381 Lake St

Libertyville, IL 60048-1729

**Payment Method:** 

Mastercard

Customer Qty	Item	Price Disco	unt Ta	xes Shipp	oing Sub- Total Paid Bala	nce
Bachar <sub>1.0000</sub> Stacey	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00	0.00	0.00	0.00 520.00 520.00	0.00
Bachar Stacey 1.0000	Housing Deposit (Non- Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Balanag <sub>1.0000</sub> Angela	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00	0.00	0.00	0.00 520.00 520.00	0.00
Balanag Angela 1.0000	Housing Deposit (Non- Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Bowlby Barb 1.0000	Early Bird Registration Joint Annual Conference (payment	520.00	0.00	0.00	0.00 520.00 520.00	0.00

	due before October 15)					
Bowlby Barb 1.0000	Housing Deposit (Non- Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Bowlby Barb 1.0000	Spouse/Child Registration Joint Annual Conference Early Bird	0.00	0.00	0.00	0.00 0.00 0.00	0.00
Coyle Katie 1.0000	Registration Joint Annual Conference (payment due before October 15)	520.00	0.00	0.00	0.00 520.00 520.00	0.00
Coyle Katie 1.0000	Housing Deposit (Non- Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Dahlke 1.0000 Nanette	(payment due before October 15)	520.00	0.00	0.00	0.00 520.00 520.00	0.00
Dahlke Nanette <sup>1.0000</sup>	Housing Deposit (Non- Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Donev Zuica 1.0000	Early Bird Registration Joint Annual Conference (payment due before October 15)		0.00	0.00	0.00 520.00 520.00	0.00
Donev Zuica 1.0000	Housing Deposit (Non- Refundable)		0.00	0.00	0.00 200.00 200.00	0.00
Jenkins <sub>1.0000</sub> Rebecca	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00	0.00	0.00	0.00 520.00 520.00	0.00
Jenkins Rebecca <sup>1.0000</sup>	Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Jenkins Rebecca <sup>1.0000</sup>	Conference	0.00	0.00	0.00	0.00 0.00 0.00	0.00
Jenkins Rebecca <sup>1.0000</sup>	Spouse/Child Registration Joint Annual Conference	0.00	0.00	0.00	0.00 0.00 0.00	0.00

Khan Jennifer 1.0000	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00		0.00	0.00	0.00 5	520.00 520.00	0.00
Khan Jennifer 1.0000	Housing Deposit (Non- Refundable)	200.00		0.00	0.00	0.00 2	200.00 200.00	0.00
Khan Jennifer 1.0000	Spouse/Child Registration Joint Annual Conference	0.00		0.00	0.00	0.00	0.00 0.00	0.00
Khan Jennifer 1.0000	Spouse/Child Registration Joint Annual Conference	0.00		0.00	0.00	0.00	0.00 0.00	0.00
Khan Jennifer 1.0000	Spouse/Child Registration Joint Annual Conference	0.00		0.00	0.00	0.00	0.00 0.00	0.00
Lawton Brian 1.0000	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00		0.00	0.00	0.00 8	520.00 520.00	0.00
Lawton Brian 1.0000	Housing Deposit (Non- Refundable)	200.00		0.00	0.00	0.00 2	200.00 200.00	0.00
Lawton Brian 1.0000	School Finance For Board Members - AM	175.00		0.00	0.00	0.00	175.00 175.00	0.00
Sticklen 1.0000 Stephen	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00		0.00	0.00	0.00 8	520.00 520.00	0.00
Sticklen Stephen 1.0000	Housing Deposit (Non- Refundable)	200.00		0.00	0.00	0.00 2	200.00 200.00	0.00
Theis Pete 1.0000	Early Bird Registration Joint Annual Conference (payment due before October 15)	520.00		0.00	0.00	0.00 {	520.00 520.00	0.00
Theis Pete 1.0000	Housing Deposit (Non- Refundable)	200.00		0.00	0.00	0.00	200.00 200.00	0.00
Theis Pete 1.0000		0.00	1111	0.00	0.00	0.00	0.00 0.00	0.00

VI			School District 70 W	ian - Comm	mation of 237040	
	Joint Annual Conference Early Bird Registration Joint Annual					
Vipond Chris 1.0000	Conference (payment due before October 15)	520.00	0.00	0.00	0.00 520.00 520.00	0.00
Vipond Chris 1.0000	Housing Deposit (Non- Refundable)	200.00	0.00	0.00	0.00 200.00 200.00	0.00
Vipond Chris 1.0000	Spouse/Child Registration Joint Annual Conference	0.00	0.00	0.00	0.00 0.00 0.00	0.00
Vipond Chris 1.0000	Spouse/Child Registration Joint Annual Conference	0.00	0.00	0.00	0.00 0.00 0.00	0.00
Vipond Chris 1.0000	Spouse/Child Registration Joint Annual Conference	0.00	0.00	0.00	0.00 0.00 0.00	0.00
Coyle Katie 1.0000	Credit Card Fee	264.45	0.00	0.00	0.00 264.45 264.45	0.00

# **Lighting the Way to Excellence in School Governance**

# Illinois Association of School Boards

2921 Baker Drive, Springfield, Illinois 62703-5929 | Phone: (217) 528-9688

One Imperial Place, 1 East 22nd Street, Suite 310, Lombard, Illinois 60148-6159 | Phone: (630) 629-3776



151 East Wacker Drive Chicago, IL 60601 Tel: 312-565-1234 Fax: 312-239-4414

chicagoregency.hyatt.com

Room No.

Departure

Folio No.

Folio Window 1

Arrival

# INVOICE

Angela Balanag 1381 Lake St Jac24-49156 Libertyville IL 60048-1729

Confirmation No.

5396896501

**Group Name** 

IL Assn School Boards

Booking No.

BB 48 GTD

**Date** 

Description

Charges

0425

11-22-24

11-23-24

4130402

Credits

# **Total**

# **Guest Signature**

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.

# **World of Hyatt Summary**

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

# **Balance**

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing the Hyatt Regency Chicago. Please feel free to provide us with feedback regarding your visit.

Please send comments to Hyatt at Chicago.Regency@hyatt.com or 888-565-5586.

For inquiries concerning your bill please call 855-869-0846 or email na.customerservice@hyatt.com

> Please remit payment to: Hyatt Regency Chicago Lockbox 301588 Dallas, TX 75303-1588 FEIN # 94-1649123



# **Hyatt Regency Chicago**

151 East Wacker Drive Chicago, IL 60601 Tel: 312-565-1234

Tel: 312-565-1234 Fax: 312-239-4414

chicagoregency.hyatt.com

### INVOICE

Angela Balanag 1381 Lake St Jac24-49156 Libertyville IL 60048-1729

Confirmation No.

5396896501

**Group Name** 

IL Assn School Boards

Booking No.

BB 48 GTD

Room No.

0425

2

274.69

274.69

Arrival

11-22-24

Departure

11-23-24

Folio Window

Folio No.

4130403

Date	Description		Charges	Credits
11-22-24	Deposit Transferred at C/I			200.00
11-22-24	Package Room		234.00	
11-22-24	Occupancy Tax		40.69	
11-23-24	Master Card	XXXXXXXXXXXX8632 XX/XX		74.69

**Total** 

Balance 0.00

# **Guest Signature**

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.

# **World of Hyatt Summary**

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

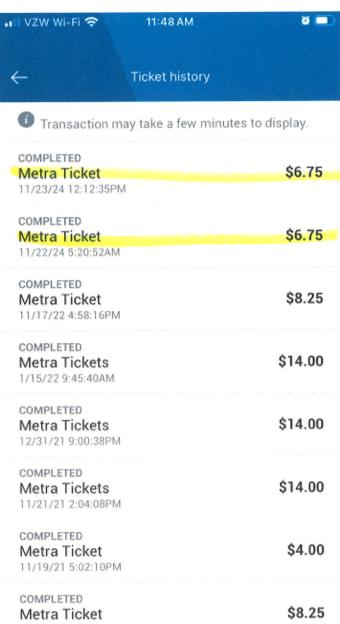
# WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing the Hyatt Regency Chicago. Please feel free to provide us with feedback regarding your visit.

Please send comments to Hyatt at Chicago.Regency@hyatt.com or 888-565-5586.

For inquiries concerning your bill please call 855-869-0846 or email na.customerservice@hyatt.com

Please remit payment to: Hyatt Regency Chicago Lockbox 301588 Dallas, TX 75303-1588 FEIN # 94-1649123



# Merchant Copy

Hyatt Regency Chicago 151 E Wacker Drive Chicago, IL 60601 312-565-1234 Market Chicago

11-22-2024 17:50:26

Check #: 2536 Table: 35

APPROVED

lotal:

\$16.04

Card Type:

VISA

Card Entry:

Contact less \*\*\*\*\*\*\*\*\*\*\*7697

Approval Code: 025018

\*\*\*\*\*\*\* EMV AUTHORIZATION \*\*\*\*\*\*\*\*

App Label:

VISA DEBIT

Issuer

Mode:

AID: A0000000031010

TVR: 00000000000

1AD: 06011203A00000

TSI:

ARC: 00

AC: F9BC050F8D317393

CVM: 1F0301

GRATUITY: USD

TOTAL : USD

Signature

CALL 321 FOR OR COMPLIMENTS COMPLAINTS