LIBERTYVILLE
SCHOOL DISTRICT #70

1381 West Lake Street
Libertyville, IL 60048
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d70schools.org

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: Kate Grove Title/Office: Board Member

Name of conference/meeting: 2025 Joint Annual Conference

Date(s) of conference/meeting: November 21-23, 2025 Location: Chicago, IL

Travel Departure Date: 11/21/2025 Travel Return Date: 11.23/2025

☑ Receipts Attached

☐ Approved Expense Advancement Voucher attached, if applicable

ACTUAL EXPENSES

Auto Travel Allowance: $0.670 per mile

DATE	MILEAGE # OF MILES	MILEAGE AUTO FILLED AMOUNT	LODGING	MEALS BREAKFAST	MEALS LUNCH	MEALS DINNER	OTHER ITEM	OTHER COST	DAILY TOTAL
06/03/25							Registratio	$ 562.20	**$ 562.20**
11/21/25		$ -	$ 282.91				Train	$ 13.50	**$ 296.41**
11/22/25		$ -	$ 282.91	$ 37.85			Taxi	$ 12.50	**$ 333.26**
11/23/25		$ -							**$ -**
									$ -
		$ -							**$ -**
		$ -							**$ -**
		$ -							**$ -**
							Subtotal		**$ 1,191.87**
							- Advances		$1,128.02
Reimburseable Amount *(negative amount inidicates refund due from employee)*									$63.85

Kate Grove
Submitting Board Member's Signature 11/15.2025 **Date**

Superintendent Signature *(if total is below maximum allowable amount)* **Date**

School Board Action *(if total exceeds maximum allowable amount)*

☐ **Approved in full** ☐ **Approved in Part** ☐ **Denied**