LIBERTYVILLE
SCHOOL DISTRICT #70

1381 West Lake Street
Libertyville, IL 60048
Phone: (847) 362-9695
Fax: (847) 362-3003
d70schools.org

BOARD MEMBER ESTIMATED EXPENSE APPROVAL 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 Board Member

Name of conference/meeting: 2025 Joint Annual Conference

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

Travel Departure Date: 11/21/2025 11/23/2025

ESTIMATED EXPENSES

Auto Travel Allowance: *$0.670* *per mile*

DATE	MILEAGE # OF MILES	MILEAGE AUTO FILLED AMOUNT	LODGING	MEALS Per Diem	OTHER ITEM	OTHER COST	DAILY TOTAL
06/03/25		$ -			Registration	$ 540.00	**$ 540.00**
11/21/25	38.0	$ 25.46	$ 241.00	$ 75.00	Parking	$ 79.00	**$ 420.46**
11/22/25		$ -	$ 241.00	$ 75.00	Parking	$ 79.00	**$ 395.00**
11/23/25	38.5	$ 25.80		$ 75.00			**$ 100.80**
		$ -					**$ -**
		$ -					**$ -**
		$ -					**$ -**
		$ -					**$ -**
					Grand Total:		**$ 1,456.26**

Kate Grove 10/29/2025

Submitting Board Member's Signature **Date**

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

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

☐ **Approved in full** ☐ ☐ **Denied**