



**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 Superintendent, 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 Jennifer Khan Title/Office Board President

Name of conference/meeting COSSBA National Conference

Date(s) of conference/meeting March 12-15, 2026 Location Louisville, KY

Travel Departure Date 3/11/2026 Travel Return Date 3/15/2026

- Receipts Attached
- Approved Expense Advancement Voucher attached, if applicable

ACTUAL EXPENSES									
Auto Travel Allowance: \$0.670 per mile									
DATE	MILEAGE		LODGING	MEALS			OTHER		DAILY TOTAL
	# OF MILES	AUTO FILLED AMOUNT		BREAKFAST	LUNCH	DINNER	ITEM	COST	
03/11/25		\$ -							\$ -
03/11/26		\$ -	\$ 269.45				Registra	\$ 1,025.00	\$ 1,294.45
03/11/26		\$ -							\$ -
03/12/26		\$ -	\$ 269.45						\$ 269.45
03/13/26		\$ -	\$ 269.45						\$ 269.45
03/14/26		\$ -	\$ 269.45						\$ 269.45
03/15/26		\$ -							\$ -
		\$ -							\$ -
								Subtotal	\$ 2,102.80
								- Advances	\$2,102.80
<b>Reimbursable Amount (negative amount indicates refund due from employee)</b>									<b>\$0.00</b>

Jennifer Khan  
Submitting Board Member's Signature

4/27/2026  
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

*The*  
**GALT HOUSE**  
*Legendary • HOTEL • Louisville*

140 N 4th St.  
Louisville, KY 40202  
Tel: (502)589-5200 Fax: (502)585-4266

**INFORMATION INVOICE**

Arrival : 03-11-26  
Departure : 03-15-26  
Company Name : Consortium of State School Boards A  
**Jennifer Khan**  
**1381 Lake Street**  
**Libertyville IL 60048**  
**United States**

Folio / Invoice # : 893718 /  
Reference # : 88509EE575248  
Room No. : 1014  
Page No. : 1 of 1  
Membership No. : 518937654G  
Conf. No. : 1235529  
Cashier No. : 388  
A/R Number :

Date	Description	Reference	Charges	Credits
	Khan, Jennifer Room # 1014			
03-11-26	Adv_Deposit			1,077.80
03-11-26	Group Room		229.00	
03-11-26	Local Transient Fee 8.5%		19.47	
03-11-26	State Transient Fee 1%		2.29	
03-11-26	State Tax 6%		15.25	
03-11-26	TID Fee 1.5%		3.44	
03-12-26	Group Room		229.00	
03-12-26	Local Transient Fee 8.5%		19.47	
03-12-26	State Transient Fee 1%		2.29	
03-12-26	State Tax 6%		15.25	
03-12-26	TID Fee 1.5%		3.44	
03-13-26	Group Room		229.00	
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03-14-26	Group Room		229.00	
03-14-26	Local Transient Fee 8.5%		19.47	
03-14-26	State Transient Fee 1%		2.29	
03-14-26	State Tax 6%		15.25	
03-14-26	TID Fee 1.5%		3.44	
	Guest Total		1,077.80	1,077.80
<b>Total</b>			<b>1,077.80</b>	<b>1,077.80</b>
<b>Balance</b>				<b>0.00</b>

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.



**Receipt: 2026 COSSBA National Conference + UBA Preconference Day**

**Payment Status:** Paid  
**Registration ID:** REGOJ1OV84P  
**Registration Date:** October 16, 2025  
**Event Date:** March 12, 2026

**Receipt ID:** 2026NATIONALCONFERENCE-OJ1OV84P  
**Issue Date:** November 22, 2025

Katie Coyle  
EA, Libertyville District 70, Illinois Association of School Boards  
kcoyle@d70schools.org

1381 Lake Street  
Libertyville, Illinois  
60048, United States

Item	Owner	Download / Status	USD
Early Bird COSSBA National Conference Registration + Preconference Day	Jennifer Khan	<a href="#">PUR24NYUQQ9</a>	1,025.00
<b>Total</b>			1,025.00
<b>Amount Paid</b>			1,025.00
<b>Amount Due</b>			0.00

Payment	Date	Status	Transaction ID	USD
CHECK	November 22, 2025	Verified	113393	1,025.00

Please send checks to the address on the invoice!

**Check Maildrop Address Below:**

**COSSBA**  
**P O Box 55026**  
**Lexington, Kentucky 40555**

**ACH Payments can be made as well:**

Chase Bank  
ABA-322271627 | Account Number-962583982

**COSSBA's W9 for your records.**