



HYATT REGENCY LISLE
 1400 Corporetum Drive
 Lisle, IL 60532
 Tel: 630-852-1234
 Fax: 630-852-1260
 www.lisle.hyatt.com

INVOICE

Ms Linda Liddell
 8900 Us Highway 14
 Crystal Lake IL 60012
 United States

Room No. 0503
 Arrival 03-09-18
 Departure 03-10-18
 Page No. 1 of 1
 Folio Window 2
 Folio No. 437782

Guest Liddell, Linda

Confirmation No. 6331048101
 Group Name ICCTA March 25236031 \$99/PK
 Booking No. 32KND8TJ

Date	Description	Charges	Credits
03-09-18	Group Room	99.00	
03-09-18	State Occupancy Tax	5.94	
03-09-18	Village Occupancy Tax	4.95	
03-10-18	Master Card	XXXXXXXXXXXX9785 XX/XX	109.89
Total		109.89	109.89

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.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

Membership: XXXXXX080W
 Bonus Codes:
 Qualifying Nights: 1
 Eligible Spend: 118.00
 Redemption Eligible: 40.18

We trust you enjoyed your stay at the Hyatt Regency Lisle near Naperville. Please let us know your thoughts at: quality@hyattlisle.com

We thank you for your business and we appreciate your loyalty. For questions concerning your bill, call 630-852-1234. For questions on your World of Hyatt account, call 800-30-HYATT

For balance due, please remit payment to:
 Hyatt Regency Lisle
 1400 Corporetum Drive
 Lisle, IL 60532

Summary Invoice, please see front desk for eligibility details.

McHENRY COUNTY COLLEGE TRAVEL ADVANCEMENT/REIMBURSEMENT FORM

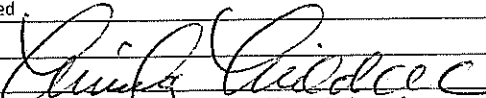
YOUR NAME	Linda Liddell	ACCOUNT NUMBER(S):	AMOUNT:	100% Cash Advance Request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
YOUR SUPERVISOR		01-8050-501014-550200010	\$ 80.56	Weekend travel requires approval by your President's Cabinet Member - select one.
DIVISION/DEPT	Board of Trustees			<input type="checkbox"/> Clint Gabbard <input type="checkbox"/> Al Butler <input type="checkbox"/> Terri Berryman <input type="checkbox"/> Brock Fisher <input type="checkbox"/> Christina Haggerty <input type="checkbox"/> Chris Gray <input type="checkbox"/> Bob Tenuta
TODAY'S DATE	3/20/2018			Signature of PC Member & Date Approved:

* Attach printout of your MapQuest when calculating your mileage.

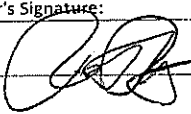
Date(s) of Travel	Departed from Arrived at	Departure Time & Arrival Time	As of Jan 1, 2018	Transportation	Lodging per day**	Meals require itemized receipts Meals per day**			Parking	Misc. Expenses	Daily Totals
			Miles Driven * x 0.545			Amount in U.S. \$	Amount in U.S. \$	Breakfast			
03/09/18	Home - Crystal Lake, IL	8:00 a.m.	44.20								\$56.47
	Lisle, IL	9:00 a.m.	\$24.09					\$32.38			
03/10/18	Lisle, IL	12:00 p.m.	44.20								\$24.09
	Home - Crystal Lake, IL	1:00 p.m.	\$24.09								
			\$0.00								\$0.00
			\$0.00								\$0.00
			\$0.00								\$0.00
			\$0.00								\$0.00
			\$0.00								\$0.00
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			\$0.00								\$0.00
			\$0.00								\$0.00
			\$0.00								\$0.00
			\$0.00								\$0.00
Total Travel Expense:			\$ 48.18	\$ -	\$ -	\$ -	\$ -	\$ 32.38	\$ -	\$ -	\$ 80.56

Purpose of Trip(s): Attend ICCTA March Meeting in Lisle, IL
meeting agenda attached

Total Travel \$ 80.56
Use only on Reimbursement request - Less: Cash Advance
 Total Due To / (Owed by) Employee \$ 80.56

Employee's Signature:  Date: 3/20/2018
 I hereby certify that the above actual expenses were incurred by me in the performance of my duties as an employee of McHenry County College, Crystal Lake, IL.

See MCC Travel Policies in myMCC > Resources > Policies and Procedures Rev'd 1/2/18
 Receipts must accompany the travel reimbursement form, if you do not have your detailed receipts you will not be reimbursed.
 ** See Board Policy 2.15 for Maximum Reimbursable Rates.

Budget Officer/Supervisor's Signature: _____ Date: _____
 Controller's Signature:  Date: 3/29/18
 Zyma 4/14/18

1. Employee is responsible to review and understand the travel procedure, and provide itemized receipts.
2. Reimbursement request must be submitted **within two weeks of the last travel date.**
3. Reimbursement will not be provided for expenses of a spouse, dependent or personal guest.
4. Handwritten or incomplete/inaccurate forms will be returned to Employee/Supervisor.

RECEIVED
MAR 28 2018

Pat Kriegermeier

From: Jaspreet Kaur <Jaspreet.Kaur@Hyattlisle.com>
Sent: Tuesday, March 20, 2018 12:43 PM
To: Pat Kriegermeier
Subject: Hyatt Regency Lisle - Itemized receipt

Hello!

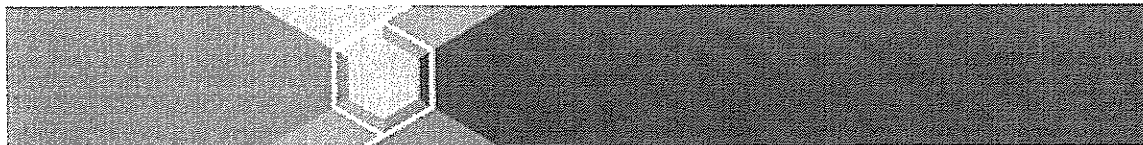
I hope this will suffice!

```
50013 MARIA 3
-----
503 /1 4347 GST 1
MAR09'18 7:04PM
-----
1 DELIVERY CHARGE 3.00
1 BYO FLATBREAD 13.00
BBQ WINGS
1 OPEN FOOD 6.00
Food Sales 19.00
Delivery Charge 3.00
Serv Chg / Grat 4.00
** 22% ROOM SRV 4.34
Tax 1.54
Total Paid 32.38
+ $ CHARGE TIP 4.00
503/Liddell
* Room Charge 32.38
---50013 CLOSED MAR09 7:56PM---
```

Best Regards,

Jaspreet Kaur
Front Office Supervisor

HYATT REGENCY LISLE
1400 Corporetum Dr., Lisle, IL 60532 USA
T: 630-852-1234
Jaspreet.Kaur@HyattLisle.com
Hyattlisle.com



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McHenry County Council of Governments
44 N. Virginia Street, Suite 2-A
Crystal Lake, IL 60014
815-477-2090
cdaigle@mchenrycountycog.org
www.mchenrycountycog.org

Invoice

APR 06 2018

BILL TO
McHenry County College
Attn: Pat Kriegermeier
8900 U.S. Highway 14
Crystal Lake, IL 60012

INVOICE #	DATE	TOTAL DUE	ENCLOSED
1430	04/03/2018	\$40.00	

ACTIVITY	QTY	RATE	AMOUNT
MARCH MEMBERSHIP MEETINGS MCCG Membership Meeting - 3/28/18 - Parrish	1	40.00	40.00
BALANCE DUE			\$40.00