



BLOOMINGTON - NORMAL MARRIOTT

GUEST FOLIO

325	SPEROS/ELIZABETH/MS	119.00	06/05/21	12:42	51407	45141
ROOM	NMIE	RATE	DEPART	11ME	ACCT#	GROUP
DDAH			06/03/21	19:44		
TYPE			ARRIVE	11ME		
28						
ROOM		MCXXXXXXXXXXXX9466			MBV#:	
CLERK	ADDRESS	PAYMENT				

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
06/03	ROOM 325, 1	119.00		
06/03	CITY TAX 325, 1	7.14	A	
06/03	STATE TX 325, 1	7.14	B	
06/04	ROOM 325, 1	119.00		
06/04	CITY TAX 325, 1	7.14	A	
06/04	STATE TX 325, 1	7.14	B	
06/05	CCARD-MC			266.56
	PAYMENT RECEIVED BY: MASTERCARD XXXXXXXXXXXX9466			

DESCRIPTION		TAXED AMOUNT	TAX
F	6% STATE TAX ADJ	.00	.00
	NET CHARGES	.00	FOLIO .00
	266.56	266.56	.00

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 PH# 309-862-9000 FAX# 309-862-9001

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for an amount charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.51% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

**McHENRY COUNTY COLLEGE TRAVEL ADVANCEMENT/REIMBURSEMENT FORM**

YOUR NAME	Elizabeth Speros	ACCOUNT NUMBER(S):	AMOUNT:	100% Cash Advance Request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
YOUR SUPERVISOR	Bob Tenuta	01-8050-501014-550200010	\$189.28	Weekend travel requires approval by your President's Cabinet Member - select one.
DIVISION/DEPT	Board of Trustees			<input type="checkbox"/> Clint Gabbard <input checked="" type="checkbox"/> Al Butler <input type="checkbox"/> Chris Gray <input checked="" type="checkbox"/> Christina Haggerty
TODAY'S DATE	6/8/2021			<input type="checkbox"/> Talia Koronkiewicz <input checked="" type="checkbox"/> Bob Tenuta <input type="checkbox"/> Michelle Skinder
When using Grant funds, attach a printout of the route for mileage.			Signature of PC Member & Date Approved:	

Date(s) of Travel	Departed from Arrived at	As of Jan 1, 2021	Transportation	Lodging per day**	Meals require itemized receipts			Parking	Misc. Expenses	Daily Totals
		Miles Driven • x			Amount in U.S. S	Amount in U.S. S	Breakfast			
06/03/21	MCC to ICCTA Convention in Bloomington-Normal, IL	169.00								
		\$94.64								\$94.64
06/05/21	Bloomington-Normal, IL to MCC	169.00								
		\$94.64								\$94.64
		\$0.00								\$0.00
		\$0.00								\$0.00
		\$0.00								\$0.00
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		\$0.00								\$0.00
		\$0.00								\$0.00
<b>Total Travel Expense:</b>		\$ 189.28	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 189.28

Purpose of Trip(s): Attend ICCTA annual convention and awards meetings from 6/4 - 6/5/2021. Board Report #21-65 is attached.

Total Travel \$ 189.28  
Use only on Reimbursement request - Less: Cash Advance  
 Total Due To / (Owed by) Employee \$ 189.28

Employee Signature:  Date: 6/8/2021  
 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.  
 Budget Officer/Supervisor's Signature:  Date: 6/8/2021  
 Controller's Signature:  Date: 6/8/2021

MCC Travel Policies in myMCC > Resources > Policies and Procedures Rev'd 1/5/2021

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.

1. Employee is responsible to review and understand the travel procedure, and provide itemized receipts.
2. Reimbursement request must be submitted <u>within two weeks of the last travel date</u> .
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.