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HARVEY PUBLIC SCHOOLS DISTRICT 152
CONFERENCE/CONVENTION/WORKSHOP ATTENDANCE REQUEST

Please submit your request with all support at least **TWO WEEKS BEFORE** requested C/W/W date(s).

Name of Person (please print): Dr. Sophia Jones-Redmond

Grade/Subject/School: Central Office

Location of C/C/W: Los Angeles, CA AASA Conference
American Association of
School Administrators

Give a tentative summary of expected expense(s):

Registration:	\$ <u>750-</u>
Travel:	\$ <u>500</u>
Food:	\$ <u>250</u>
Lodging:	\$ <u>500</u>
Other:	\$
Estimated Total:	\$ <u>2000.00</u>

7/21-23, 21

Will a substitute be required? Yes ☒ No ☐ All Day A.M. P.M.

LONG RANGE PLANS ☒ GOALS ☐ Explain what you desire to gain by attendance.

Conference with National thought leaders about edu
for 9.27.12 Dr. Jones 9.27.12

Applicant's Sig./Date

Principal's Sig./Date

Administrator's Sig./Date

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO THE PROGRAM ADMINISTRATOR WITHIN TWO WEEKS AFTER THE CONFERENCE/CONVENTION/WORKSHOP. ALONG WITH THE APPLICABLE EXPENSE REPORT. EXPENSES WITHOUT VALID RECEIPTS WILL NOT BE HONORED.

Approved Date: _____

Disapproved Date: _____

Account Name/Number: _____

P.O. # _____

CHECK REQUEST: _____ Accounts Payable _____ Payroll _____ Imprest _____

Substitute Account Name/Number: _____

Name of Substitute Called: _____

Business Manager Signature/Date

Superintendent's Signature Date

COPIES TO: _____

0001/0001

HARVEY PUBLIC SCHOOLS DISTRICT NUMBER 152

DISTRICT ADMINISTRATION

Erie J. Kellogg
Superintendent of Schools
Dr. Kevin J. Nohrity
*Assistant Superintendent of Business
and Human Resources*
Dr. Sophia Jones-Redmond
Director of Special Services
Juan Reed
*Director of Buildings and
Grounds*
Margo Schmitt
*Director of Teaching and
Learning*

BOARD OF EDUCATION

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Member
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Member
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Member

OUT-OF-STATE-TRAVEL

FY: 2013

NAME OF TRAVELER: Dr. Sophia Jones Redmond

NAME OF COOP/DIST: Harvey School District 152

RCDT #: 966004967002

POSITION: Director of Special Services

DATES OF TRAVEL: February 20th - 24th, 2013

FUNDING SOURCE: PART B FT X PART B PS

GRANT RECIPIENT: Harvey School District

NAME OF CONFERENCE: National Conference on Education AASA

LOCATION: Los Angeles, California

PURPOSE: Professional Development

ANTICIPATED COSTS: \$2,000.00

TRANSPORTATION: \$ 500.00

LODGING: \$ 500.00

MEALS: \$ 250.00

OTHER EXPENSES: Parking \$ 50.00

CONFERENCE REGISTRATION FEE: \$ 750.00

SUBSTITUTES:

TOTAL: \$2,000.00

AMOUNT OF GRANT FUNDS REQUESTED: \$2,000.00

REQUIRED SIGNATURES: 

DIRECTOR OF SPECIAL EDUCATION 

PROGRAM DIRECTOR: 

ISBE GRANT COORDINATOR: 

09-21-12

Please include detail information per conference/program announcement registration form, and/or brochure.

Administrative Center ~ 16001 Lincoln Avenue, Harvey, Illinois 60426 ~ (708) 333-0300 - Fax (708) 333-0349
ekellogg@harvey152.org

ANGELOU-BRYANT-HOLMES-FIELD-LOWELL-RILEY-SANDBURG-WHITTIER-BROOKS MIDDLE SCHOOL