

RESPONSE TO REQUEST PERMITTING RECORDS INSPECTION

March 2, 2010

Ms. Jennifer McPherson
1100 Covington Drive
Lemont, IL. 60439

As per your request received on February 25, 2010 to inspect and/or be given a copy of the records described in the said request.

1. A copy of the Superintendent's expense report for the NSBA Conference along with any supporting documents.
2. A copy of the four (4) Board Members expense reports for the NSBA Conference along with any supporting documents.

Attached are the documents that you have requested.

If you should have any further questions, please contact me.



Robert D. Beckwith, Business Manager

Beckwith, Bob

From: jennifer mcpherson [jlmcperson@live.com]
Sent: Thursday, February 25, 2010 2:17 PM
To: Beckwith, Bob; jennifer
Subject: FOIA 2/25/10 2007 NSBA/SAN FRAN CA

Mr. Beckwith, Business Manager
Lemont School District 113A
16100 127th St.
Lemont, IL 60439
RE: FREEDOM OF INFORMATION ACT REQUEST

February 25, 2010

Dear Mr. Beckwith

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140.

I request that a copy of the following documents be provided:

1. Superintendent's expense report for April 2007 NSBA Conference in San Francisco, CA. Please include all supporting documents. Including car rental invoice.
2. Expense report's for the (4) attending board members with all supporting documents. Please include air fare, hotel, rental car(s).

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the school district and is not primarily in my commercial interest.

If any of the information is in electronic format please provide them to me via e-mail to avoid any costs incurred.

I look forward to hearing from you in writing within five working days, as required by the Freedom of Information act 5 ILCS 140 (3)

Sincerely

Jennifer McPherson
jlmcperson @live.com

Hotmail: Trusted email with Microsoft's powerful SPAM protection. [Sign up now.](#)

Request for Payment from Imprest Funds

Lemont-Bromberek Combined School District 113A

Check Payable To SUE MURPHY

Amount \$ 943.52 Requested By RJB

- Reason for Request
- Reimbursement for supplies for: _____
 - Fee for: _____
 - Dues for: _____
 - Mileage reimbursement (complete bottom section of this form)
 - Other-Explain: NATL. BO. CONF.

Special Instructions _____

Supervisor's Signature P. Beckwith Date 5/10/07

Please attach all backup documentation (e.g. receipts, registration forms) for payment.

The following travel log must be completed for all mileage reimbursement:

Date	Location	Reason for Travel	Mileage

Total miles _____ X 48.5 cents per mile = \$ _____ amount requested

For Office Use

Business Manager's/Superintendent's Approval RJB
Date 5.11.07
Account Number 10-0-2310-314
Check Number 8607
Date Issued _____

Parc 55 Hotel
 55 Cyril Magnin Street
 San Francisco, California
 94102
 Phone: (415)392-8000
 Email: reservations@parc55.com

Guest Folio

Susan MURPHY

Arrival Date: 12 Apr 2007

Departure Date: 16 Apr 2007

Room Type: CDBN-DD

Alexandria, CA
 22314
 UNITED STATES

Folio: 45095-1

Room: 2718

Date	Folio	Reference	Amount	Tax	Total
12 Apr 2007	1	Room Charge	192.00	26.88	218.88
13 Apr 2007	1	Room Charge	192.00	26.88	218.88
14 Apr 2007	1	Room Charge	192.00	26.88	218.88
15 Apr 2007	1	Room Charge	192.00	26.88	218.88
16 Apr 2007	1	Check-Out (Payment: VISA)	-875.52	0.00	-875.52
Room Charges			768.00	107.52	875.52
Other Charges			0.00	0.00	0.00
Credits			-875.52	0.00	-875.52
Balance					0.00

Room Tax 14.00 % 768.00 107.52

Signature _____

Quick Check-out !
 No Need To Go By The Front Desk.
 Just Use Our Voice Mail Check-out When You Are Ready To Vacate Your Room:
 Dial Extension 6446, Leave Your Name And Room Number.

Thank you for staying at the PARC FIFTY FIVE HOTEL.

875.00
 40.00
 28.00

 \$943.00

Date: 16-Apr-2007

Time: 08:38 AM

MID 217331

Parc 55 Hotel
55 Cyril Magnin Street
San Francisco, California 94102, UNITED STATES
(415)392-8000

Card VISA *****0208
Card Holder susan murphy
Auth # 09682A Invoice # 0045095001
Amount \$875.52 **Purchase**
Reference Check-Out (Payment: VISA)

Signature _____

Request for Payment from Imprest Funds

Lemont-Bromberek Combined School District 113A

Check Payable To DAVE LEAHY

Amount \$996.11 Requested By RJB

- Reason for Request
- Reimbursement for supplies for: _____
 - Fee for: _____
 - Dues for: _____
 - Mileage reimbursement (complete bottom section of this form)
 - Other-Explain: NATL. BD. CONF.

Special Instructions _____

Supervisor's Signature [Signature] Date 5/10/07

Please attach all backup documentation (e.g. receipts, registration forms) for payment.

The following travel log must be completed for all mileage reimbursement:

Date	Location	Reason for Travel	Mileage

Total miles _____ X 48.5 cents per mile = \$ _____ amount requested

For Office Use

Business Manager's/Superintendent's Approval [Signature]
Date 5/11/07
Account Number 10.00310.014
Check Number 8506
Date Issued _____

Parc 55 Hotel
 55 Cyril Magnin Street
 San Francisco, California
 94102
 Phone: (415)392-8000
 Email: reservations@parc55.com

Guest Folio

Dave/Colleen LEAHY

Alexandria, CA
 22314
 UNITED STATES

Arrival Date: 12 Apr 2007
 Departure Date: 20 Apr 2007

Room Type: DDBN-DD

Folio: 45576-0

Room: 937

Date	Folio	Reference	Amount	Tax	Total	
12 Apr 2007	1	Room Charge	192.00	26.88	218.88	
13 Apr 2007	1	Room Charge	192.00	26.88	218.88	
13 Apr 2007	1	Veranda Restaurant MicrosPOS posting	3.99	0.00	3.99	
14 Apr 2007	1	Room Charge	192.00	26.88	218.88	
15 Apr 2007	1	Room Charge	192.00	26.88	218.88	
16 Apr 2007	1	Room Charge	192.00	26.88	218.88	
17 Apr 2007	1	Room Charge	192.00	26.88	218.88	
18 Apr 2007	1	Room Charge	192.00	26.88	218.88	
18 Apr 2007	1	Overnight Parking 02-787	40.00	5.60	45.60	
19 Apr 2007	1	Room Charge	192.00	26.88	218.88	
19 Apr 2007	1	Visa	-1,800.63	0.00	-1,800.63	
			Room Charges	1,536.00	215.04	1,751.04
			Other Charges	43.99	5.60	49.59
			Credits	-1,800.63	0.00	-1,800.63
			Balance			0.00

NOT School District Expenses

Parking Tax	14.00 %	40.00	5.60
Room Tax	14.00 %	1,536.00	215.04

Signature _____

Quick Check-out !
 No Need To Go By The Front Desk.
 Just Use Our Voice Mail Check-out When You Are Ready To Vacate Your Room:
 Dial Extension 6446, Leave Your Name And Room Number.

879.51

Thank you for staying at the PARC FIFTY FIVE HOTEL.

Date: 19-Apr-2007

Time: 10:33 AM

MID 217331

Parc 55 Hotel
55 Cyril Magnin Street
San Francisco, California 94102, UNITED STATES
(415)392-8000

Card VISA *****2532
Card Holder LEAHY/DAVID
Auth # 04697B Invoice # 0045576001
Amount (\$218.88) **Credit**
Reference Check-Out (Refund: VISA)

Signature _____

SMG @ The Moscone Center
747 Howard Street

San Francisco CA 94103

Stand: 116 Position:45
Order #: 545109
Store: Market Cafe
Cashier#: 59 ..Cashier 59
Sale Date: 04/14/2007
Time: 12:01 PM
Sold To:

Description	Price	Qty	Total
Sandwich	8.25	1	8.25
Water Btl	3.00	1	3.00
Side Salad	5.50	1	5.50
Soda Btl	3.00	1	3.00
Reg Coffee	1.50	1	1.50
Side Salad	5.50	1	5.50
Combo 1	10.50	1	10.50
Subtotal:			37.25
Sales Tax:			0.00
Total Purchase:			\$37.25
Cash Tendered:			0.00
Credit Card:			\$37.25
Discount:			\$0.00
Coupon:			\$0.00
Change Due:			\$0.00

Sales Tax is Included in the total.

Credit Card Information

Card Holder: LEAHY/ DAVID P
Credit Card No: XXXXXXXXXXXX(uuz
Approval Code: 014245
Amount: \$37.25

Signature: _____

I agree to pay the above amount
according to the card issuer
agreement. Merchant agreement if
credit card voucher.

Thank You For Your Patronage!

Market @ The Moscone Center
477 Howard Street

San Francisco CA 94103

Stand: 116 Position: 45
Store: Market Cafe
Cashier #: 38 ..Cashier 38
Sale Date: 04/15/2007
Time: 1:01 PM
Sold To:

Description	Price	Qty	Total
Side Salad	5.50	3	16.50
Soda Btl	3.00	1	3.00
Water Btl	3.00	1	3.00
Subtotal:			22.50
Sales Tax:			0.00
Total Purchase:			\$22.50
Cash Tendered:			0.00
Credit Card:			\$22.50
Coupon:			\$0.00
Change Due:			\$0.00

Sales Tax is Included in the total.

Credit Card Information

Card Holder: LEAHY/ DAVID P
Credit Card No: XXXXXXXXXXXXJWJ
Approval Code: 015691
Amount: \$22.50

Signature: _____

I agree to pay the above amount according to the card issuer agreement. Merchant agreement if credit card voucher.

Thank You For Your Patronage!

SMG @ The Moscone Center
747 Howard Street

San Francisco CA 94103

Stand: 116 Position: 45
Order #: 544737
Store: Market Cafe
Cashier #: 59 ..Cashier 59
Sale Date: 04/14/2007
Time: 11:14 AM
Sold To:

Description	Price	Qty	Total
Soda Btl	3.00	1	3.00
Subtotal:			3.00
Sales Tax:			0.00
Total Purchase:			\$3.00
Cash Tendered:			3.00
Credit Card:			\$0.00
Discount:			\$0.00
Coupon:			\$0.00
Change Due:			\$0.00

Sales Tax is Included in the total.

Thank You For Your Patronage!

Date 9/14

Received of _____

THE SUM
Of \$ 10 00

Veterans National

YOUR RECEIPT-PAID

From Dinner

To _____

Cab No. _____ Driver _____

Fare \$ 15.00

From Hotel

To Fisherman's Wharf

Date 4/13/07

Cab No. _____

Driver _____



Driver# _____ Cab# _____

To: Back from Dinner

From: _____

Date: 9/14 Amount: \$ 12.00

***** CREDIT CARD VOUCHER *****

SAN FRANCISCO MARRIOTT
San Francisco, California
***** STARBUCKS *****
CHECK: 2983
SERVER: 703 TERESA
DATE: APR16'07 7:28AM
CARD TYPE: VISA/MASTERCARD
ACCT #: XXXXXXXXXXXXX2532
EXP DATE: XX/XX
AUTH CODE: 04743B
SUBTOTAL: 7.80

GRATUITY \$ _____
TOTAL \$ 7.80

SIGNATURE: [Signature]
Breakfast
Monday

Request for Payment from Imprest Funds

Lemont-Bromberek Combined School District 113A

Check Payable To Al Abrecht

Amount \$118,96 Requested By _____

- Reason for Request
- Reimbursement for supplies for: _____
 - Fee for: _____
 - Dues for: _____
 - Mileage reimbursement (complete bottom section of this form)
 - Other-Explain: _____

Special Instructions _____

Supervisor's Signature _____ Date _____

Please attach all backup documentation (e.g. receipts, registration forms) for payment.

The following travel log must be completed for all mileage reimbursement:

Date	Location	Reason for Travel	Mileage

Total miles _____ X 48.5 cents per mile = \$ _____ amount requested

For Office Use

Business Manager's/Superintendent's Approval [Signature]
Date 4.20.07
Account Number 10.0.2310.314
Check Number 8778
Date Issued _____

Date: 16-Apr-2007

Time: 08:39 AM

MID 217331

Parc 55 Hotel
55 Cyril Magnin Street
San Francisco, California 94102, UNITED STATES
(415)392-8000

Card MC *****6479
Card Holder ALBRECHT/ALBERT G
Auth # 809965 Invoice # 0044944001
Amount \$1,118.96 **Purchase**
Reference Check-Out (Payment: MC)

Signature _____

Request for Payment from Imprest Funds

Lemont-Bromberek Combined School District 113A

Check Payable To Lisa Wright

Amount \$ 895.50 Requested By _____

- Reason for Request
- Reimbursement for supplies for: _____
 - Fee for: _____
 - Dues for: _____
 - Mileage reimbursement (complete bottom section of this form)
 - Other-Explain: _____

Special Instructions _____

Supervisor's Signature _____ Date _____

Please attach all backup documentation (e.g. receipts, registration forms) for payment.

The following travel log must be completed for all mileage reimbursement:

Date	Location	Reason for Travel	Mileage

Total miles _____ X 48.5 cents per mile = \$ _____ amount requested

For Office Use

Business Manager's/Superintendent's Approval [Signature]
Date 4.20.07
Account Number 10.0.2310.314
Check Number 877
Date Issued _____

Parc 55 Hotel
 55 Cyril Magnin Street
 San Francisco, California
 94102
 Phone: (415)392-8000
 Email: reservations@parc55.com

Guest Folio

Lisa WRIGHT

Alexandria, CA
 22314
 UNITED STATES

Arrival Date: 12 Apr 2007
 Departure Date: 17 Apr 2007

Room Type: DDBN-DD

Folio: 48830-8

Room: 632

Date	Folio	Reference	Amount	Tax	Total
12 Apr 2007	8	Room Charge	192.00	26.88	218.88
13 Apr 2007	8	Room Charge	192.00	26.88	218.88
14 Apr 2007	8	Room Charge	192.00	26.88	218.88
15 Apr 2007	8	Room Charge	192.00	26.88	218.88
15 Apr 2007	8	CL-Manual Room Charge	-192.00	-26.88	-218.88
16 Apr 2007	8	Room Charge	192.00	26.88	218.88
Room Charges			960.00	134.40	1,094.40
Other Charges			0.00	0.00	0.00
Credits			-192.00	-26.88	-218.88
Balance					875.52

Room Tax 14.00 % 768.00 107.52

+ 20
 \$ 895.52

Signature _____

Quick Check-out !
 No Need To Go By The Front Desk.
 Just Use Our Voice Mail Check-out When You Are Ready To Vacate Your Room:
 Dial Extension 6446, Leave Your Name And Room Number.

Thank you for staying at the PARC FIFTY FIVE HOTEL.

Super Shuttle®

Call • (415) or (650) 558-8500 • 24-hours a day
 From Hotel To Airport
 Driver _____ Fare 15
 Van No. _____ Tip 5
 Date _____ Total 20

Thank You
 PSC-1298 TCP:1298-P

Board Bill Check Request

Lemont-Bromberek Combined School District 113A

Check Payable To TIM ZICKER

Amount \$1166.34

Account Number 10.0.2320.314

Requested By Tim Zicker

Reason for Request

Reimbursement for supplies for:

Fee for:

Dues for:

Mileage reimbursement (complete bottom section of this form)

Other-Explain: NSBA CONF. EXPENSES
HOTEL, FOOD, CAB

Special Instructions _____

Supervisor's Signature [Signature] Date _____

Please attach all backup documentation (e.g. receipts, registration forms) for payment.

ENTERED

The following travel log must be completed for mileage reimbursement

Date	Location	Reason for Travel	Mileage

Total miles _____ X 48.5 cents per mile = \$ _____ amount requested

For Office Use

Business Manager's/Superintendent's Approval [Signature] Date _____

Account Number _____

Check Number _____ Date Issued _____

DOBrdbill9.05

Parc 55 Hotel
 55 Cyril Magnin Street
 San Francisco, California
 94102
 Phone: (415)392-8000
 Email: reservations@parc55.com

Guest Folio

Timothy/Mary RICKER

Arrival Date: 13 Apr 2007

Departure Date: 16 Apr 2007

Room Type: DBVN-DD

Alexandria, CA
 22314
 UNITED STATES

Folio: 48193-0

Room: 2667

Date	Folio	Reference	Amount	Tax	Total
13 Apr 2007	8	Room Charge	192.00	26.88	218.88
13 Apr 2007	1	TLF at 14:31 for 1440 mins to iBAHN	12.95	0.00	12.95
13 Apr 2007	1	Overnight Parking 02-611	40.00	5.60	45.60
14 Apr 2007	8	Room Charge	192.00	26.88	218.88
14 Apr 2007	1	Overnight Parking 02-611	40.00	5.60	45.60
15 Apr 2007	8	Room Charge	192.00	26.88	218.88
15 Apr 2007	1	Room Service MicrosPOS posting	31.84	0.00	31.84
15 Apr 2007	1	Overnight Parking 02-611	40.00	5.60	45.60
			Room Charges	576.00	80.64
			Other Charges	164.79	16.80
			Credits	0.00	0.00
			Balance		838.23

Parking Tax 14.00 % 120.00 16.80
 Room Tax 14.00 % 576.00 80.64

Signature _____

Quick Check-out !
 No Need To Go By The Front Desk.
 Just Use Our Voice Mail Check-out When You Are Ready To Vacate Your Room:
 Dial Extension 6446, Leave Your Name And Room Number.

Thank you for staying at the PARC FIFTY FIVE HOTEL.

BOE DRIVER

AL
DAVE
USA
SUB
TIM

TAITS AT THE WHARF
PIER 45
SAN FRANCISCO
415 776 3934

PIER MARKET
Pier 39
San Francisco CA
415.989.7437
www.thepiermarket.com

04-15-2007 #11001

4/14/2007 4:23 PM

CORN DOG 3.45 T
HOT DOG 3.45 T
BEER 3.50 T
BEER 3.50 T
SUBTL 13.90
TAX 1.18
CASH 15.08

Card Type: American Express
Card Number: XXXXXXXXXX1008
Server Name: STEVE
Check Number: 499372
Table Number: 204
Number Of Covers: 2
Position Number: 1

CASH B 3666 15:00TM

32.00
195.51
Tim & Peter

CHECK TOTAL 47.52

TOTAL AMOUNT DUE 47.52

TIP

TOTAL

Approval: 127861

Manual Entry
Copy

163.00 FOR DISTRICT

2/14/07
FROM PARC 55 TO
STINKING ROSE
CAB 1303
\$15.00

Fare \$ 12.00
From FISHERMAN'S WHARF
To PARC 55
Date 4/13/07
Cab No. 432
Driver FALL



Fare \$ 15.00
From STINKING ROSE
To PARC 55
Date 4/14/07
Cab No. 275
Driver ASIM



Fare \$ PARC 55 12.00
From
To SARDINIENES
Date 4/15/07
Cab No. 403
Driver MEO



Fare \$ 12.00
From PARC 55
To FISHERMAN'S WHARF
Date 4/13/07
Cab No. 2437
Driver LAMMY



SINBAOKS
TO
PAGE 55
4/25/07 \$15.00

MOSCONI E CON.
Center
TO
PAGE 55
4/14/07 \$6.00