

## TRAVEL AUTHORIZATION REQUEST

03.125 AP.21

Employee Name: Dr. Henry WebbSchool/Department: CO/SuptGroup sponsoring professional event: NCERTType of meeting or purpose of event: ConferenceMeeting attendance dates: 3/27/19 thru 3/30/19Dates you will travel: 3/26/19 and 3/31/19

Location of your meeting: \_\_\_\_\_

Other employees traveling with you: N/A

1. Estimate all travel expenses, including those paid by Purchase Order.
2. Have your supervisor and grant administrator approve this form.
3. Send this form to Nancy Hoffman for KCBCE approval prior to travel.
4. Complete actual mileage & expenses after travel.

If actual travel is over three (3) days, use additional pages.

Substitute Needed:

☐ No

If actual travel is over three (3) days, use additional pages.			Date: 3/26/2019		Date: 3/27/2019		Date: 3/28/2019	
			Estimate	Actual	Estimate	Actual	Estimate	Actual
Substitute Needed:	<div>No</div>	Mileage per/day	0				0	
		Mileage Cost @ .40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Meal rate reimbursement during travel status requires overnight stay. Meals provided at event are not reimbursed. High-rate area meal rates reimbursement paid per policy.	6:30-9:00am	Breakfast \$8	\$		\$8.00	\$ 8.00	\$8.00	\$
	11:00-2:00pm	Lunch \$10	\$10.00	\$	\$10.00	\$ 10.00	\$10.00	\$
	5:00-9:00pm	Dinner \$18	\$18.00	\$ 18.00	\$18.00	\$	\$18.00	\$
Check the box to the right if this expense will be paid with a District PO and the employee will not be reimbursed. Receipts are required.	<div><input checked="" type="checkbox"/></div>	<div>Boz</div> Airline Tickets	\$500.00	\$ 300.00	\$	\$	\$	\$
	<div><input checked="" type="checkbox"/></div>	Lodging	\$300.00	\$	\$300.00	\$	\$300.00	\$
	<div><input type="checkbox"/></div>	Registration Fee	\$	\$	\$	\$	\$	\$
Receipts are required.		<div>Taxi/Uber/Tolls/Pkg</div>	\$40.00	\$ 83.43		\$	\$	\$
			\$868.00	131.43	\$336.00	18.00	\$336.00	\$0.00

Funding source:

Sup't (NCERT reimb for air &amp; hotel)

Account Charged:

Org # 001 1075

Object # 0580

Project #

## PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate:

\$1,540.00

Supervisor's Signature:

Date 1-7-19

Grant Admin's Signature:

NIA

Date

Board Agenda Date:

5-0-19

Initials

If approved, this form will be returned to you so you can use it to request reimbursement of actual expenses paid after your travel.

## AFTER TRAVEL Approval of actual expense to be reimbursed to employee

Total expenses paid by employee = reimbursement:

Continued on page 2

(Attach receipts if applicable)

Employee Signature:

Date 4/5/19

Finance Dept Verification:

\$

Requests for reimbursement of the actual expenses you paid must be submitted to the Accounts Payable dept. no later than sixty (60) days after the date of travel.

TRAVEL AUTHORIZATION REQUEST

Employee Name: Dr. Henry Webb  
School/Department: CO/Supt

Group sponsoring professional event: NCERT  
Type of meeting or purpose of event: Conference  
Meeting attendance dates: 3/27/19 thru 3/30/19  
Dates you will travel: 3/26/19 and 3/31/19  
Location of your meeting: \_\_\_\_\_  
Other employees traveling with you: N/A

- Estimate all travel expenses, including those paid by Purchase Order.
- Have your supervisor and grant administrator approve this form.
- Send this form to Nancy Hoffman for KCB0E approval prior to travel.
- Complete actual mileage & expenses after travel.

If actual travel is over three (3) days, use additional pages.

Substitute Needed: ☐ No

		Date: 3/29/2019		Date: 3/30/2019		Date: 3/31/2019	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day		0				0	
Mileage Cost @ .40		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Meal rate reimbursement during travel status requires overnight stay. Meals provided at event are not reimbursed. High-rate area meal rates reimbursement paid per policy.	6:30-9:00am	Breakfast \$8	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
	11:00-2:00pm	Lunch \$10	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
	5:00-9:00pm	Dinner \$18	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00
Check the box to the right if this expense will be paid with a District PO and the employee will not be reimbursed. Receipts are required.	<input checked="" type="checkbox"/>	Airline Tickets	\$	\$	\$30.00	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$300.00	\$	\$300.00	\$	\$
		Registration Fee	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$	\$12.00	\$40.00	\$
			\$336.00	10.00	\$336.00	50.00	\$76.00
							\$0.00

Funding source: Sup't (NCERT reimb for air & hotel) Account Charged: Org # 001 1075 Object # 0580 Project # \_\_\_\_\_

**PRIOR TO TRAVEL** Approval of all estimated expenses for this trip

Total Estimate: \$748.00

Supervisor's Signature: [Signature] Date 1-7-19

Grant Admin's Signature: N/A Date \_\_\_\_\_

Board Agenda Date: 5-6-19 Initials \_\_\_\_\_

If approved, this form will be returned to you so you can use it to request reimbursement of actual expenses paid after your travel.

**AFTER TRAVEL** Approval of actual expense to be reimbursed to employee

Total expenses paid by employee = reimbursement: \$209.43  
(Attach receipts if applicable)

Employee Signature: [Signature] Date 4/15/19

Finance Dept Verification: \$

Requests for reimbursement of the actual expenses you paid must be submitted to the Accounts Payable dept. no later than sixty (60) days after the date of travel.



HENRY/  
\*\*NOT VALID FOR\*\*  
\*\*TRANSPORTATION\*

CVG DL ATL DL SAV  
PIECE 30.00  
EBC 30.00

USD 30.00

PASSENGER RECEIPT 00  
26MAR19 0066 US  
DL/85 CVG FTO

PSGR TICKET 0062355165785

EXCESS BAGGAGE  
TICKET  
THIS IS YOUR RECEIPT

NON REFUNDABLE/  
NO CHANGES/NON TR  
ANSFERABLE/NOT  
VALID FOR TRAVEL

CAXXXXXXXXXXXXX2693/020375

NOT VALID FOR TRAVEL

0 006 8208261854 5 0 006 8208261854 5

USD30.00



WEBB/HENRYL  
\*\*NOT VALID FOR\*\*  
\*\*TRANSPORTATION\*

SAV DL ATL DL CVG  
PIECE 30.00  
EBC 30.00

USD 30.00

PASSENGER RECEIPT 00  
30MAR19 0066 US  
DL/SK SAV FTO

PSGR TICKET 0062355165785

EXCESS BAGGAGE  
TICKET  
THIS IS YOUR RECEIPT

NON REFUNDABLE/  
NO CHANGES/NON TR  
ANSFERABLE/NOT  
VALID FOR TRAVEL

CAXXXXXXXXXXXXX2693/ 002315

NOT VALID FOR TRAVEL

0 006 8208515591 6 0 006 8208515591 6

USD30.00



L/R #06 A Payment No.00011905  
T/D #02 Ticket No.008997  
Entry Time 03/30/2019 (Sat) 8:32  
Exit Time 03/30/2019 (Sat) 12:17  
Parking Time 3:45  
Parking Fee Rate A \$12.00

MASTERCARD  
Account # \*\*\*\*\*2693  
Slip # 12483  
Auth Code 000002366S  
Credit Card Amount \$12.00  
Total \$12.00

Thank You  
For Comments or Questions  
Call 859-767-3105

**Finley, Cathy**

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**From:** Webb, Henry  
**Sent:** Tuesday, March 26, 2019 7:38 PM  
**To:** Finley, Cathy  
**Subject:** Fwd: Receipt from Savannah/hilton head airport taxi for \$83.43 USD

Sent from my iPhone

Begin forwarded message:

**From:** Savannah/hilton head airport taxi <[service@paypal.com](mailto:service@paypal.com)>  
**Date:** March 26, 2019 at 6:40:27 PM EDT  
**To:** "[henry.webb@kenton.kyschools.us](mailto:henry.webb@kenton.kyschools.us)" <[henry.webb@kenton.kyschools.us](mailto:henry.webb@kenton.kyschools.us)>  
**Subject:** Receipt from Savannah/hilton head airport taxi for \$83.43 USD



Transaction ID: 4WN39576P2002320P

**Savannah/hilton head airport taxi**

1130 Bob Harmon Road Apt 275  
275  
Savannah, GA  
31408  
US

Phone: (912) 660-9895

Mar 26, 2019 15:39:53 PDT

[View your receipt](#)

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Total sale **\$83.43 USD**

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