



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

October 23, 2019

AGENDA ITEM (ACTION ITEM):

Consider/Approve reimbursement to Dr. Webb for expenses incurred to attend the National Center for Education Research and Technology (NCERT) Conference in Pasadena, CA on October 8-12, 2019

APPLICABLE BOARD POLICY:

03.125 Expense Reimbursement

HISTORY/BACKGROUND:

NCERT paid for the airline ticket, three nights hotel stay, and several meals. Reimbursement is requested for out of pocket expenses (meals, taxi, checked bags, and one night hotel in order to make the 5 hour flight on the evening prior to the conference) incurred while attending the conference. All receipts are attached.

FISCAL/BUDGETARY IMPACT:

\$514.30 Superintendent's Travel

RECOMMENDATION:

Approval of reimbursement to Dr. Webb for expenses incurred to attend the National Center for Education Research and Technology (NCERT) conference in Pasadena, Ca on October 8-12, 2019

CONTACT PERSON:

Cathy Finley 

Principal

District Administrator



Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

TRAVEL AUTHORIZATION REQUEST

Employee Name: Henry WebbSchool/Department: Superintendent's OfficeGroup sponsoring professional event: NCERTType of meeting or purpose of event: ConferenceMeeting attendance dates: 10/9/19 thru 10/12/19Dates you will travel: 10/8/19 and 10/12/19Location of your meeting: Pasadena, CAOther employees traveling with you: None

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 Superintendent/Designee for KCBOE 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: 10/8/2019		Date: 10/9/2019		Date: 10/10/2019	
			Estimate	Actual	Estimate	Actual	Estimate	Actual
Substitute Needed: <div>No</div>			Mileage per/day					
			Mileage Cost @ .42	\$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	\$	\$
	11:00-2:00pm	Lunch \$10		\$	\$10.00	\$ 10.00	\$	\$
	5:00-9:00pm	Dinner \$18	\$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	\$100.00	30.00	\$	\$	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$300.00	\$ 287.10	\$	\$	\$	\$
	<input type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$	\$
Receipts are required.			Taxi/Uber/Tolls/Pkg	\$50.00	\$ 93.15	\$	\$	\$
			\$468.00	428.31	\$18.00	18.00	\$0.00	\$

Funding source:

Superintendent's Office

Account Charged:

Org # 001 1075Object # 0581

Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$486.00

Supervisor's Signature: [Signature] Date _____

Grant Admin's Signature: N/A Date _____

Supt/Designee Signature: N/A Date _____

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 pg 2 \$0.00
(Attach receipts if applicable)

Employee Signature: [Signature] Date 10-23-19

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.

Employee Name: Henry WebbSchool/Department: Superintendent's OfficeGroup sponsoring professional event: NCERTType of meeting or purpose of event: ConferenceMeeting attendance dates: 10/9/19 thru 10/12/19Dates you will travel: 10/8/19 and 10/12/19Location of your meeting: Pasadena, CAOther employees traveling with you: None

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 Superintendent/Designee 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

		Date: 10/11/2019	Date: 10/12/2019	Date:		
		Estimate	Actual	Estimate	Actual	Estimate
Mileage per/day						
Mileage Cost @ .42		\$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		\$	\$	\$
	11:00-2:00pm	Lunch \$10	\$10.00	\$10.00	\$10.00	\$
	5:00-9:00pm	Dinner \$18		\$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 type="checkbox"/>	Lodging	\$	\$	\$	\$
	<input type="checkbox"/>	Registration Fee	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$50.00	\$	\$
		\$10.00	\$10.00	\$78.00	\$58.00	\$0.00

Funding source:

Superintendent's Office

Account Charged:

Org # 001 1075Object # 0581

Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$88.00

Supervisor's Signature: [Signature] Date

Grant Admin's Signature: N/A Date

Supt/Designee Signature: N/A Date

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 : \$514.31 Total 2 pgs
(Attach receipts if applicable)

Employee Signature: [Signature] Date 10-23-19

Finance Dept Verification: [Signature] \$

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.

THE LANGHAM

HUNTINGTON
PASADENA, LOS ANGELES

GUEST FOLIO

Mr Henry Webb
United States

Arrive : 10-08-19
Depart : 10-12-19
Room No. : 0503
No. of Guest : 1

Cashier No. : 280 GSAGCHIU
Invoice No. : 813544
Page No. : 1 of 1
Printed : 10-12-19

Date	Description	Reference	Debit	Credit
10-08-19		Room# 0503 : CHECK# 29828	46.01	
10-08-19	Room Charge		249.00	
10-08-19	Occupancy Tax		30.15	
10-08-19	City Tourism Fee		7.20	
10-08-19	Calif. Assessment Fee		0.81	
10-09-19		Room# 0503 : CHECK# 29871	53.95	
10-10-19		Room# 0503 : CHECK# 76576	8.82	
10-11-19		Room# 0503 : CHECK# 19283	35.97	
10-12-19	Mastercard	XXXXXXXXXXXX		431.91

*287.10

Total Amount	431.91	431.91
Balance Due		0.00

Guest Signature

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay or any part of the full amount of these charges within a reasonable period.

1401 SOUTH OAK KNOLL AVENUE, PASADENA, CALIFORNIA 91106 USA
T (626) 568 3900 F (626) 585 3700
langhamhotels.com/pasadena

Webb, Henry

From: Kamryn Webb <hewe940@gmail.com>
Sent: Monday, October 14, 2019 9:54 AM
To: Webb, Henry
Subject: Fwd: TaxiUS - Booking Receipt

External Message

----- Forwarded message -----

From: TaxiUS <infotaxius@gmail.com>
Date: Tue, Oct 8, 2019 at 9:59 PM
Subject: TaxiUS - Booking Receipt
To: hewe940@gmail.com <hewe940@gmail.com>

Tue, Oct 8, 2019 06:59 PM

Confirmation
No.

00113667

Total Fare

\$93.15



TaxiUS - Booking Receipt

Fare Breakdown

Fare	\$84.15
Extra	\$4.00
Tip	\$5.00
Discount	\$0.00

Total **\$93.15**

Card No.	Card Type	Inv #	Time	Sale Amount
xxxxxxxxxxxx	MasterCard	113667	10/08/2019 18:58:54 PM	\$93.15

Trip Locations

Pickup Address **Terminal 3 [1 World Way, Los Angeles, CA](#)**

DropOff Address **[1400 Wentworth Ave, Pasadena, Ca](#)**

Pickup Time: **Tue, Oct 8, 2019 05:47 PM**

Dropoff Time: **Tue, Oct 8, 2019 06:58 PM**

Distance:**27.40 Miles** Drive Time: **71.00 Min**

You rode with Driver GHEBRESLASSIE, YEMANE

Vehicle Type: SEDAN, Vehicle No: 5846

Thank you for booking your trip with us, we look forward to serving you again!

OCT 08

✓ **Delta Air Lines**
Airfare

\$30.00
Kristi W.

... ~~1/23/11~~

OCT 14

✓ Delta Air Lines
Airfare

\$30.00
Henry W.
...