



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:

February 13, 2020

AGENDA ITEM (ACTION ITEM):

Consider/Approve reimbursement to Dr. Webb for expenses incurred to attend the Test Sense Consortium in Humble, TX on February 9-12, 2020.

APPLICABLE BOARD POLICY:

03.125 Expense Reimbursement

HISTORY/BACKGROUND:

Dr. Webb and several KC administrators attended the event to find out more about the True Accountability System Design as a possible data dashboard for our district to reflect comprehensive accountability. All receipts are attached.

FISCAL/BUDGETARY IMPACT:

\$213.00 Superintendent's Travel

RECOMMENDATION:

Approval of reimbursement to Dr. Webb for expenses incurred to attend the the Test Sense Consortium in Humble, TX on February 9-12, 2020.

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: CO/SuperintendentGroup sponsoring professional event: Test SenseType of meeting or purpose of event: ConsortiumMeeting attendance dates: 2/10/20 thru 2/12/20Dates you will travel: 2/9/20 and 2/12/20Location of your meeting: Humble, TX (near Houston)Other employees traveling with you: Harney, Setters, O'Hara & four HS Principals

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 KCBQE 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: <u>Sun</u> 2/9/2020		Date: <u>Mon</u> 2/10/2020		Date: <u>Tue</u> 2/11/2020	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day							
Mileage Cost @ .41		\$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
	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"/>	<u>Baggage</u> Airline Tickets	\$500.00	\$30.00	\$	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$300.00	\$	\$300.00	\$	\$300.00
	<input type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$50.00	45.00	\$50.00	\$	\$50.00
			\$878.00	103.00	\$386.00	36.00	\$386.00

Funding source: Superintendent's OfficeAccount Charged: Org # 001 1075Object # 0580

Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$1,650.00Supervisor'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: total on pg 2
(Attach receipts if applicable)Employee Signature: [Signature] Date 2/13/20

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: Henry WebbSchool/Department: CO/SuperintendentGroup sponsoring professional event: Test SenseType of meeting or purpose of event: ConsortiumMeeting attendance dates: 2/10/20 thru 2/12/20Dates you will travel: 2/9/20 and 2/12/20Location of your meeting: Humble, TX (near Houston)Other employees traveling with you: Harney, Setters, O'Hara & four HS Principals

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

		Date: <u>wed</u> <u>2/12/2020</u>		Date:		Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day							
Mileage Cost @ .41		\$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			
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	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"/>	Baggage Airline Tickets	\$30.00	\$30.00			
	<input checked="" type="checkbox"/>	Lodging					
	<input type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$50.00	\$50.00			
			\$86.00	\$86.00	\$0.00	\$0.00	\$0.00

Funding source:

Superintendent's Office

Account Charged:

Org # 001 1075Object # 0580

Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate:

\$86.00

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:

Total \$ 213.00
(Attach receipts if applicable)

Employee Signature:

[Signature] Date 2/13/20

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.



PASSENGER RECEIPT
09FEB20 0066
DL/72 CVG FTO

00 EXCESS BAGGAGE
US TICKET

WEBB/HENRYL
NOT VALID FOR
TRANSPORTATION

PSGR TICKET 0062416642077

THIS IS YOUR RECEIPT

CVG DL IAH
PIECE 30.00
EBC 30.00

GTSCV2 /DL

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

USD 30.00

CAXXXXXXXXXXXXXX/09FEB20

NOT VALID FOR TRAVEL

0 006 8230782386 4

0 006 8230782386 4

USD30.00

IL



PASSENGER RECEIPT
12FEB20 0066
DL/SE IAH FTO

00 EXCESS BAGGAGE
US TICKET

WEBB/HENRYL
NOT VALID FOR
TRANSPORTATION

PSGR TICKET 0062416642077

THIS IS YOUR RECEIPT

IAH DL CVG
PIECE 30.00
EBC 30.00

GTSCV2 /DL

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

USD 30.00

CAXXXXXXXXXXXXXX/12FEB20

NOT VALID FOR TRAVEL

0 006 8231819881 1

0 006 8231819881 1

USD30.00

L

Finley, Cathy

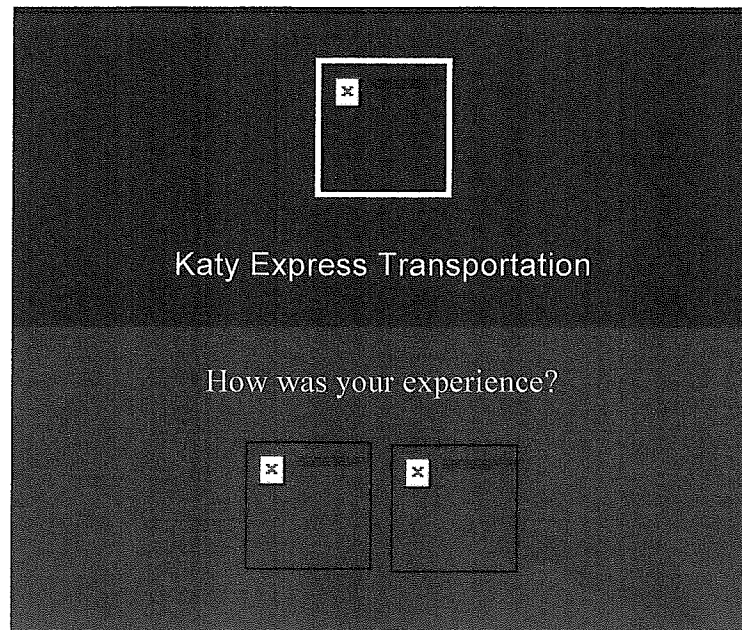
From: Webb, Henry
Sent: Sunday, February 9, 2020 2:55 PM
To: Finley, Cathy
Subject: Fwd: Receipt from Katy Express Transportation

Sent from my iPhone

Begin forwarded message:

From: Katy Express Transportation via Square <receipts@messaging.squareup.com>
Date: February 9, 2020 at 1:53:50 PM CST
To: "Webb, Henry" <henry.webb@kenton.kyschools.us>
Subject: Receipt from Katy Express Transportation
Reply-To: Katy Express Transportation via Square
<CAESKBIAghpyX29pemRrcmNjaTVpdG1vY2hpcTJkaXEyYiIIZGhbgG9ndWUiIFKKvnPcz
pYgLPxG001QViV5xOEzRFejl1NUzRVYdlvE@reply2.squareup.com>

External Message



\$45.00

Custom Amount \$45.00

Total **\$45.00**

Cash Feb 9
 2020
at 1:53
PM
#QZ9u

Square Just Got More Rewarding
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