



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](http://www.kenton.kyschools.us)

*Dr. Henry Webb, Superintendent of Schools*

**KCSD ISSUE PAPER**

**DATE:**

February 24, 2020

**AGENDA ITEM (ACTION ITEM):**

**Consider/Approve reimbursement to Dr. Webb for expenses incurred to attend the KSBA Conference, KASS Winter Meeting and CBE Meeting in Louisville, KY on February 21-22, 2020.**

**APPLICABLE BOARD POLICY:**

**03.125 Expense Reimbursement**

**HISTORY/BACKGROUND:**

**Dr. Webb met three board members at the KSBA conference on February 21<sup>st</sup>, and attended the KASS Winter Meeting and CBE meetings on February 22nd. All receipts are attached.**

**FISCAL/BUDGETARY IMPACT:**

**\$28.00 Superintendent's Travel**

**RECOMMENDATION:**

**Approval of reimbursement to Dr. Webb for expenses incurred to attend the KSBA Conference, KASS Winter Meeting and CBE Meeting in Louisville, KY on February 21-22, 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."*

Employee Name: Henry Webb

School/Department: School Board

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 KCB0E approval prior to travel.

4. Complete actual mileage & expenses after travel .

Group sponsoring professional event: KSBA

Type of meeting or purpose of event: Conference

Meeting attendance dates: 2/21/20 thru 2/23/20

Dates you will travel: 2/20/20 and 2/23/20

Location of your meeting: Galt House - Louisville, KY

Other employees traveling with you:

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

Substitute Needed: No		Mileage per/day	Date: 2/20/2020		Date: 2/21/2020		Date: 2/22/2020	
			Estimate	Actual	Estimate	Actual	Estimate	Actual
		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	\$ 0	\$8.00	\$ 0
	11:00-2:00pm	Lunch \$10	\$10.00	\$	\$10.00	\$ 0	\$10.00	\$ 10.00
	5:00-9:00pm	Dinner \$18	\$18.00	\$	\$18.00	\$ 18.00	\$18.00	\$ 0
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.		Airline Tickets	\$	\$	\$	\$	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$200.00	\$	\$200.00	\$ 0	\$200.00	\$ 0
	<input checked="" type="checkbox"/>	Registration Fee	\$400.00	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$	\$	\$	\$	\$
			\$636.00	\$0.00	\$236.00	18.00	\$236.00	10.00

Funding source: 001 1075

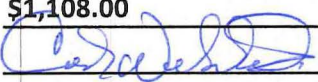
Account Charged: Org # 0580

Object #

Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$1,108.00

Supervisor's Signature:  Date 2-3-20


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: \$ 28.00 (Attach receipts if applicable)

Employee Signature:  Date 3-24-20

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.



Employee Name: Henry Webb

School/Department: School Board

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 KCB0E approval prior to travel.

4. Complete actual mileage & expenses after travel .

Group sponsoring professional event: KSBA

Type of meeting or purpose of event: Conference

Meeting attendance dates: 2/21/20 thru 2/23/20

Dates you will travel: 2/20/20 and 2/23/20

Location of your meeting: Galt House - Louisville, KY

Other employees traveling with you:

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

Substitute Needed: No

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

11:00-2:00pm

5:00-9:00pm

Breakfast \$8

Lunch \$10

Dinner \$18

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.

Airline Tickets

Lodging

Registration Fee

Taxi/Uber/Tolls/Pkg

Receipts are required.

Date:	2/23/2020	Date:	2/23/2020	Date:	2/23/2020
Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day	0				
Mileage Cost @ .41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$8.00	\$	\$	\$	\$
	\$10.00	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$18.00	\$0.00	\$0.00	\$0.00	\$0.00

Funding source: 001 1075

Account Charged: Org # 0580

Object #

Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$18.00

Supervisor's Signature: [Signature] Date 2-3-20

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 : \$0.00

(Attach receipts if applicable)

Employee Signature: [Signature] Date 3/24/20

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.

Revised 2/11/19

Incomplete forms will be returned, which could delay approval and/or reimbursement.

Page 2 of 2