



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

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

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Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE: February 13, 2019

AGENDA ITEM (ACTION ITEM):

Receive revision to Procedure 03.125 AP.21 "Travel Authorization Request"

APPLICABLE BOARD POLICY:

01.51 – Administrative Procedures

HISTORY/BACKGROUND:

In order to match the Travel Authorization Request form to our current policy, it was necessary to update the form to include instructions and a signature line for the Superintendent/designee. Changes are highlighted in red.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

N/A

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: _____

School/Department: _____

Group sponsoring professional event: _____

Type of meeting or purpose of event: _____

Meeting attendance dates: _____ thru _____

Dates you will travel: _____ and _____

Location of your meeting: _____

Other employees traveling with you: _____

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 approval prior to travel.
4. Complete actual mileage & expenses after travel.

*If actual travel is over three (3) days, use additional pages.*Substitute Needed: ☐

		Date:	Estimate	Actual	Date:	Estimate	Actual	Date:	Estimate	Actual
		Mileage per/day								
		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	\$	\$	\$	\$	\$	\$	\$	\$
	11:00-2:00pm	Lunch \$10	\$	\$	\$	\$	\$	\$	\$	\$
	5:00-9:00pm	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.	<input type="checkbox"/>	Airline Tickets	\$	\$	\$	\$	\$	\$	\$	\$
	<input type="checkbox"/>	Lodging	\$	\$	\$	\$	\$	\$	\$	\$
	<input type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$	\$	\$	\$
Receipts are required.	<input type="checkbox"/>	Taxi/Uber/Tolls/Pkg	\$	\$	\$	\$	\$	\$	\$	\$
			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00

Funding source: _____ Account Charged: _____ Org # _____ Object # _____ Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip	AFTER TRAVEL Approval of actual expense to be reimbursed to employee
Total Estimate: \$0.00	Total expenses paid by employee = reimbursement : \$0.00 (Attach receipts if applicable)
Supervisor's Signature: _____ Date _____	Employee Signature: _____ Date _____
Grant Admin's Signature: _____ Date _____	Finance Dept Verification: _____ \$ _____
Supt/Designee Signature: _____ Date _____	
<i>If approved, this form will be returned to you so you can use it to request reimbursement of actual expenses paid after your travel.</i>	<i>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.</i>