



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

ISSUE PAPER

DATE: February 21, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve reimbursement to Dr. Webb for expenses incurred to attend the American Association of School Administrators (AASA) Conference in Nashville, TN on February 16-19, 2022.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

The registration and hotel accommodations were paid for with District Purchase Orders. Reimbursement is requested for out of pocket expenses (meals) incurred while attending the conference. The approved Travel Authorization form is attached.

FISCAL/BUDGETARY IMPACT:

\$84.00 Superintendent's Travel

RECOMMENDATION:

Approval to reimburse Dr. Webb for expenses incurred to attend the American Association of School Administrators (AASA) Conference in Nashville, TN on February 16-19, 2022.

CONTACT PERSON:

Cathy Finley

Principal/Administrator

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.

TRAVEL AUTHORIZATION REQUEST

Employee Name: Henry Webb

School/Department: CO/Supt

Group sponsoring professional event: AASA

Type of meeting or purpose of event: Annual Conference

Meeting attendance dates: 2/17/22 thru 2/19/22

Dates you will travel: 2/16/22 and 2/19/22

Location of your meeting: Nashville, TN

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 **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:	2/16/2022		2/17/2022		2/18/2022		
		Estimate	Actual	Estimate	Actual	Estimate	Actual	
Mileage per/day								
Mileage Cost @ .44		\$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	\$	
	11:00-2:00pm	Lunch \$10	\$	\$10.00	\$ 10 -	\$10.00	\$ 10 -	
	5:00-9:00pm	Dinner \$18	\$18.00	\$ 18 -	\$18.00	\$ 18 -	\$18.00	\$ 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	\$	\$	\$	\$	\$	
	<input checked="" type="checkbox"/>	Lodging	\$400.00	\$	\$	\$	\$	
	<input checked="" type="checkbox"/>	Registration Fee	\$805.00	\$	\$	\$	\$	
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$	\$	\$	\$	
			\$1,623.00	18.00	\$36.00	28.00	\$36.00	28.00

Funding source: Sup't Travel Account Charged: Org # 0001075 Object # 0580 Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$1,695.00

Supervisor's Signature: [Signature] Date 1-3-22

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 : \$74.00
(Attach receipts if applicable)

Employee Signature: [Signature] Date 2/28/22

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 Webb

School/Department: CO/Supt

Group sponsoring professional event: AASA

Type of meeting or purpose of event: Annual Conference

Meeting attendance dates: 2/17/22 thru 2/19/22

Dates you will travel: 2/16/22 and 2/19/22

Location of your meeting: Nashville, TN

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 **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: 2/19/2022		Date:		Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
	Mileage per/day						
	Mileage Cost @ .44	\$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	\$	\$	\$	\$
	11:00-2:00pm	Lunch \$10	\$10.00	\$ 10.00	\$	\$	\$
	5:00-9:00pm	Dinner \$18	\$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	\$	\$	\$	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$	\$	\$	\$	\$
	<input checked="" type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$	\$	\$	\$
			\$36.00	10.00	\$0.00	\$0.00	\$0.00

Funding source: Sup't Travel Account Charged: Org # 0001075 Object # 0580 Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$36.00

Supervisor's Signature: [Signature] Date 1-3-22

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 : 10.00
(Attach receipts if applicable)

Employee Signature: [Signature] Date 2/21/22

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.