

**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

If actual travel is over three (3) days, use additional pages.			Date: 2/16/2022		Date: 2/17/2022		Date: 2/18/2022	
			Estimate	Actual	Estimate	Actual	Estimate	Actual
Substitute Needed: <div>No</div>			Mileage per/day					
			Mileage Cost @ .44	\$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		\$	\$	\$	\$	\$
	✓	Lodging	\$400.00	\$	\$	\$	\$	\$
	✓	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

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Dates you will travel: 2/16/22 and 2/19/22  
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- 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	\$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:  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:  Date 2/24/22

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.