

DATE:

July 29, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Administrators (KASA) conference in Louisville, KY on July 27–28, 2022.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

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

FISCAL/BUDGETARY IMPACT:

\$26.00 - Superintendent's Travel

RECOMMENDATION:

Approval to reimburse Dr. Webb for expenses incurred to attend the Kentucky Association of School Administrators (KASA) conference in Louisville, KY on July 27–28, 2022

CONTACT PERSON:

Misty Jones

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 WebbSchool/Department: CO - SuperintendentGroup sponsoring professional event: KASAType of meeting or purpose of event: ConferenceMeeting attendance dates: 7/27/22 thru 7/29/22Dates you will travel: 7/22/22 and 7/29/22Location of your meeting: Louisville, KYOther 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: 7/27/2022		Date: 7/28/2022		Date: 7/29/2022	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day							
Mileage Cost @ .49		\$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	\$ —	\$10.00	\$ —
	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 type="checkbox"/>	Airline Tickets	\$ —	\$ —	\$ —	\$ —	\$ —
	<input checked="" type="checkbox"/>	Lodging	\$200.00	\$ PO	\$200.00	\$ —	\$ —
	<input checked="" type="checkbox"/>	Registration Fee	\$419.00	\$ PO	\$ —	\$ —	\$ —
Receipts are required.	<input type="checkbox"/>	Taxi/Uber/Tolls/Pkg	\$12.00	\$ PO	\$12.00	\$ —	\$ —
			\$659.00	\$18.00	\$240.00	\$8.00	\$10.00

Funding source:

Superintendent's Travel

Account Charged:

Org # 001 1075

Object # 0580

Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$909.00Supervisor's Signature: [Signature]Date 7/27/22Grant Admin's Signature: N/ADate —Supt/Designee Signature: N/ADate —

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:

26.00

(Attach receipts if applicable)

Employee Signature: X [Signature]Date 7/29/22Finance 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.