

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

Issue Paper

DATE:

September 30, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) conference in Louisville, KY on September 28-29, 2022.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

The conference registration was free with membership; however, hotel accommodation was paid for with District Purchase Order. 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 Superintendents (KASS) conference in Louisville, KY on September 28–29, 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.*

Employee Name: Henry Webb

School/Department: CO - Superintendent

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 .

Group sponsoring professional event: KASS

Type of meeting or purpose of event: Conference

Meeting attendance dates: 9/28/22 thru 9/29/22

Dates you will travel: 9/28/22 and 9/29/22

Location of your meeting: Louisville, KY

Other employees traveling with you: N/A

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

			Date:	9/28/2022	Date:	9/29/2022	Date:		
			Estimate	Actual	Estimate	Actual	Estimate	Actual	
Substitute Needed:	<div>No</div>		Mileage per/day						
			Mileage Cost @ .53	\$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	\$	\$10.00	\$		\$
		5:00-9:00pm	Dinner \$18	\$18.00	\$ 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.	}		Airline Tickets	\$	\$	\$	\$	\$	\$
		<div>v</div>	Lodging	\$200.00	\$	\$	\$	\$	\$
			Registration Fee	\$0.00	\$	\$	\$	\$	\$
		Receipts are required.	Taxi/Uber/Tolls/Pkg	\$	\$	\$	\$	\$	\$
				\$236.00	18.00	\$36.00	0.00	\$0.00	\$0.00

Funding source: Superintendent's Travel

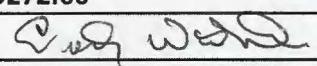
Account Charged: Org # 0011075

Object # 0580

Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$272.00

Supervisor's Signature:  Date 8-23-22

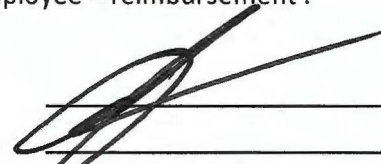
Grant Admin's Signature: _____ Date _____

Supt/Designee Signature: _____ 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 : 18.00 (Attach receipts if applicable)

Employee Signature:  Date 9/30/22

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.