

DATE:

February 20, 2023

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the American Association of School Administrators, Inc. (AASA) Annual Conference in San Antonio, TX on February 16-19, 2023.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

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

FISCAL/BUDGETARY IMPACT:

\$ 295.41 - Superintendent's Travel

RECOMMENDATION:

Approval to reimburse Dr. Webb for expenses incurred to attend the American Association of School Administrators, Inc. (AASA) Annual conference in San Antonio, TX on February 16-19, 2023.

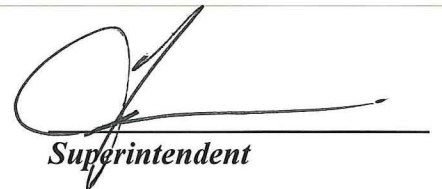
CONTACT PERSON:

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 Webb
School/Department: CO - Superintendent

Group sponsoring professional event: AASA
Type of meeting or purpose of event: Annual Conference
Meeting attendance dates: 2/16/23 thru 2/18/23
Dates you will travel: 2/15/23 and 2/19/23
Location of your meeting: San Antonio, TX
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 KCBOD 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: 2/15/2023		Date: 2/16/2023		Date: 2/17/2023	
			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
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	\$0.00	\$	\$10.00	\$ 10.00	\$10.00	\$ 10.00
	11:00-2:00pm	Lunch \$10	\$0.00	\$	\$11.00	\$ 11.00	\$11.00	\$ 11.00
	5:00-9:00pm	Dinner \$18	\$23.00	\$ 23.00	\$23.00	\$ 23.00	\$23.00	\$ 23.00
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.	<div>PO w/ Delta credits</div>	Airline Tickets	\$718.20	\$	\$	\$	\$	\$
	<div>PO 23006417</div>	Lodging	\$225.00	\$	\$225.00	\$	\$225.00	\$
	<div>PO 23003769</div>	Registration Fee	\$755.00	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$	\$ from airport to hotel	\$ 33.27	\$	\$
			\$1,721.20	23.00	\$269.00	77.27	\$269.00	44.00

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: \$2549.20

Supervisor's Signature: X [Signature] Date 11/7/22

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: \$295.41
(Attach receipts if applicable)

Employee Signature: [Signature] Date 2/20/23

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.

[Signature]

TRAVEL AUTHORIZATION REQUEST

Employee Name: Henry WebbSchool/Department: CO - SuperintendentGroup sponsoring professional event: AASAType of meeting or purpose of event: Annual ConferenceMeeting attendance dates: 2/16/23 thru 2/18/23Dates you will travel: 2/15/23 and 2/19/23Location of your meeting: San Antonio, TXOther 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: 2/18/2023	Date: 2/19/2023	Date:		
		Estimate	Actual	Estimate	Actual	Estimate
Mileage per/day		—	—	—	—	—
Mileage Cost @ .53		\$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	\$10.00 \$ 10.00	\$10.00 \$ 10.00	\$0.00 \$	\$0.00 \$
	11:00-2:00pm	Lunch \$10	\$11.00 \$ 11.00	\$11.00 \$ 11.00	\$0.00 \$	\$0.00 \$
	5:00-9:00pm	Dinner \$18	\$23.00 \$ 23.00	\$0.00 \$	\$0.00 \$	\$0.00 \$
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	\$0.00 \$	\$	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$225.00 \$	\$0.00 \$	\$0.00 \$	\$0.00 \$
	<input checked="" type="checkbox"/>	Registration Fee	\$0.00 \$	\$ Airport to Home \$ 55.00	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$ \$	\$ Hotel to Airport \$ 31.14	\$	\$
			\$269.00 44.00	\$21.00 107.14	\$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:

Supervisor's Signature: X C. Webb Date 11/7/22

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: see Page 1
(Attach receipts if applicable)Employee Signature: [Signature] Date 2/20/23

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.

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