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-Travel Regulations and I-OWN Reimbursement Guidelines

TRAVEL REGULATIONS

ITEM 1

Employees whose authorized travel requires an overnight stay shall be paid a per diem basis for meals. The cost of meals consumed during such travel shall be reimbursed at a rate not to exceed ~~sixty-five dollars (\$65.00)~~ ~~forty dollars (\$40.00)~~ per twenty-four (24) hour day. Reimbursement will be limited as follows:

- Breakfast ~~\$10.00~~15.00
- Lunch ~~\$10.00~~20.00
- Dinner ~~\$20.00~~30.00

HIGH RATE AREAS

Employees whose authorized travel requires an overnight stay in a high rate area shall be paid a per diem basis for meals. The cost of meals consumed during such travel shall be reimbursed at a rate not to exceed ~~eighty dollars (\$80.00)~~ per twenty-four (24) hour day. Reimbursement will be as follows:

- Breakfast \$20.00
- Lunch \$25.00
- Dinner \$35.00

High rate areas are defined by Commonwealth's Finance and Administration Cabinet

[HTTPS://FINANCE.KY.GOV/OFFICE-OF-THE-CONTROLLER/OFFICE-OF-STATEWIDE-ACCOUNTING-SERVICES/DOCUMENTS/HIGH%20RATE%20TRAVEL%20AREAS.PDF](https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/documents/high%20rate%20travel%20areas.pdf)

ITEM 2

Cost of lodging accommodations will be reimbursed according to the following regulations:

- No allowances will be claimed for lodging within fifty (50) miles of the Newport Independent Board of Education Central Office unless advanced approval is obtained from the Kentucky State Department of Education or Superintendent. Staff members chaperoning approved overnight student activities are exempt from the fifty (50) mile restriction.
- Actual lodging expenses will be reimbursed, but must be approved in advance by the Superintendent.

MILEAGE

Mileage will be reimbursed based on the Commonwealth of Kentucky Travel Regulation designated rate. _____

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Travel Regulations and I-OWN Reimbursement Guidelines

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MOBILE COMMUNICATION PLAN REIMBURSEMENT/"I OWN" OPTIONS

Reimbursement rates will be evaluated on a regular schedule to determine when significant changes to industry or state average referenced rates occur.

Reimbursement will be made to an employee identified as eligible for an "I Owned" option on a monthly basis via an employee travel expense voucher. The employee will provide a copy of the summary page of their cellular service bill, which confirms receipt of the category of services in which they are being provided a "Mobile Communications Plan" reimbursement.

Reimbursement will be provided for two (2) eligible "I Own" options.

"I Own" Voice Only option

- employee determined as eligible and required to have voice cell services;
- reimbursement rate of sixteen dollars (\$16.00)/month (50% of state contract average rate for voice plan).

"I Own" Voice/Data/Text option

- employee determined as eligible and required to have voice and data cell services;
- reimbursement rate of thirty-nine dollars (\$39.00)/month (50% of state contract average rate for voice/data/text plan).

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PERSONNEL

03.125 AP.2
(CONTINUED)

I OWN Plan Reimbursement Request

Name _____ Position _____

Month of _____, 20____ School _____

Type of Reimbursement

Voice Only – reimbursement rate of \$16.00 per month

Voice/Data/Text – reimbursement rate of \$39.00 per month

To be considered for reimbursement, a copy of the phone bill must be attached to this form

Submitted by: _____ Date: _____

Approved by: _____ Date: _____