

DATE:

February 19, 2024

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 Diego, CA on February 14-18, 2024.

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/Airport Parking. The approved Travel Authorization form is attached.

FISCAL/BUDGETARY IMPACT:

\$380.36 - 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 Diego, CA on February 14-18, 2024.

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: 2/15/24 thru 2/17/24

Dates you will travel: 2/14/24 and 2/18/24

Location of your meeting: San Diego, CA

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 KCBQE 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: 2/14/2024		Date: 2/15/2024		Date: 2/16/2024	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day			<u>—</u>		<u>—</u>		<u>—</u>
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	\$10.00 \$ <u>10</u>	\$10.00 \$ <u>10</u>	\$10.00 \$ <u>10</u>	\$10.00 \$ <u>10</u>	\$10.00 \$ <u>10</u>
	11:00-2:00pm	Lunch \$10	\$11.00 \$ <u>11</u>	\$11.00 \$ <u>11</u>	\$11.00 \$ <u>11</u>	\$11.00 \$ <u>11</u>	\$11.00 \$ <u>11</u>
	5:00-9:00pm	Dinner \$18	\$23.00 \$ <u>23</u>	\$23.00 \$ <u>23</u>	\$23.00 \$ <u>23</u>	\$23.00 \$ <u>23</u>	\$23.00 \$ <u>23</u>
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	\$691.96 <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
	<input checked="" type="checkbox"/>	Lodging	\$747.77 <u>—</u>	\$747.77 <u>—</u>	\$747.77 <u>—</u>	\$747.77 <u>—</u>	\$747.77 <u>—</u>
	<input checked="" type="checkbox"/>	Registration Fee	\$755.00 <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Receipts are required.	<input checked="" type="checkbox"/>	Taxi/Uber/Tolls/Pkg	\$30.00 \$ <u>137.36</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
		\$2,268.73	\$ <u>181.36</u>	\$791.77	\$ <u>44.00</u>	\$791.77	\$ <u>44.00</u>

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: \$5,465.81

Supervisor's Signature: [Signature] Date 9/11/23

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 : \$380.36
(Attach receipts if applicable)

Employee Signature: [Signature] Date 2/19/24

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

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Group sponsoring professional event: AASA

School/Department: CO - Superintendent

Type of meeting or purpose of event: Annual Conference

Meeting attendance dates: 2/15/24 thru 2/17/24

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

Substitute Needed: No

		Date: 2/17/2024		Date: 2/18/2024		Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
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	\$10.00	\$ 10	\$10.00	\$ 10	\$0.00
	11:00-2:00pm	Lunch \$10	\$11.00	\$ 11	\$11.00	\$ 11	\$0.00
	5:00-9:00pm	Dinner \$18	\$23.00	\$ 23	\$23.00	\$ 23	\$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	—	\$0.00	—	\$0.00
	<input checked="" type="checkbox"/>	Lodging	\$747.77	—	\$747.77	—	\$0.00
	<input checked="" type="checkbox"/>	Registration Fee	\$0.00	—	\$	—	\$
Receipts are required.	<input type="checkbox"/>	Taxi/Uber/Tolls/Pkg	\$0.00	—	\$30.00	\$ 23.00	\$
		\$791.77	44.00	\$821.77	67.00	\$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: see page 1

Supervisor's Signature: [Signature] Date 9/11/23

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 pg 1
(Attach receipts if applicable)

Employee Signature: [Signature] Date 2/19/24

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.

Jones, Misty

Subject: FW: Receipt from Boss

From: Webb, Henry <henry.webb@kenton.kyschools.us>
Sent: Wednesday, February 14, 2024 5:00 PM
To: Jones, Misty <misty.jones@kenton.kyschools.us>
Subject: Receipt from Boss

Here is first receipt. Thx.



Receipt

L/R #07 A Payment No.00114746
T/D #01 Ticket No.033185
Entry Time 02/14/2024 (Wed) 6:21
Exit Time 02/18/2024 (Sun) 16:42
Parking Time 4Days 10:21
Parking Fee Rate A \$110.00

Taxable Amount
Taxable Amount1 \$103.77
TAX(Included) \$6.23
Tax1 6.00 % \$6.23
MASTERCARD
Account # [REDACTED]
Slip # 118082
Auth Code 00007003P
Credit Card Amount \$110.00
=====
Total \$110.00



Sent from my iPhone

Thank You
For Comments or Questions
Call 859-767-3105



(619) 280-5555
sandiegosilvercab.com

Fare Receipt

Date: 2-18
Fare Amount: \$

Passenger: webb
From: MM To: S/D Airport
Cab #: DBA:
Driver: Sig.: \$23.00

Thank You for Your Business!

MTSTA-000029