



| It's about ALL kids.

ISSUE PAPER

DATE:

July 20, 2024

AGENDA ITEM (ACTION ITEM):

Receive the revision drafts on procedures 03.125 AP.21 and 03.125 AP.22.

APPLICABLE BOARD POLICY:

01.5 – School Board Policies

HISTORY/BACKGROUND:

School district employees are currently reimbursed for allowable expenses with paper checks after board approval each month. The proposed revisions to procedures 03.125 AP.21 and 03.125 AP.22 will eliminate the issuance of paper checks and move to reimbursements paid as direct deposits on the first available employee payroll after the expense is approved through the current board approval process. Also, meal reimbursement rates have been updated by The State of Kentucky and reflect on procedure 03.125 AP.21.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Receive the revision drafts on procedures 03.125 AP.21 and 03.125 AP.22.

CONTACT PERSON:

Susan Bentle, Executive Director of Finance

Principal/Administrator

Susan Bentle

District Administrator

[Signature]

Superintendent

*Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.
Principal/Administrator –complete, print, sign and send to your District Administrator.
District Administrator –if approved, sign and put in the Superintendent's mailbox.*

Travel Authorization Request

Employee Name: _____ Group sponsoring professional event: _____

School/Department: _____ Type of meeting or purpose of event: _____

Meeting attendance dates: _____ thru _____

Dates you will travel: _____ and _____

Location of your meeting: _____

Other employees traveling with you: _____

- | |
|--|
| 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 approval prior to travel. |
| 4. Complete actual mileage & expenses after travel . |

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

		Date:		Date:		Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Substitute Needed: _____		Mileage per/day					
		Mileage Cost					
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 \$ 12.00 ⁸	\$	\$	\$	\$	\$
	11:00-2:00pm	Lunch \$ 15.00 ¹⁰	\$	\$	\$	\$	\$
	5:00-9:00pm	Dinner \$ 23.00 ¹⁸	\$	\$	\$	\$	\$
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 type="checkbox"/>	Lodging	\$	\$	\$	\$	\$
	<input type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$
	<input type="checkbox"/>	Taxi/Uber/Tolls/ Pkg	\$	\$	\$	\$	\$

Funding source: _____ Account Charged: # _____ Org _____ Object # _____ Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip	
Total Estimate:	_____
Supervisor's Signature:	_____ Date _____
Grant Admin's Signature:	_____ Date _____
Supt/Designee Signature	_____ Dates _____
<i>If approved, this form will be returned to you so you can use it to request reimbursement of actual expenses paid after your travel.</i>	

AFTER TRAVEL Approval of actual expense to be reimbursed to employee	
Total expenses paid by employee = reimbursement :	_____
(Attach receipts if applicable)	
Employee Signature:	_____ Date _____
Finance Dept	_____
Verification:	_____ \$ _____
<i>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.</i>	

Incomplete forms will be returned, which could delay approval and/or reimbursement. Page _____

Reimbursement will occur after final Board approval on the next scheduled paycheck.

Mileage Reimbursement Form

Name: _____ Location: _____

*Submit travel after the last day of each month. Each month needs to be on a separate form. Do not put multiple months on one form.

Date	FROM Location	TO Location	MILEAGE	REASON FOR TRAVEL	PARKING (receipt required)
TOTAL MILES DRIVEN				PARKING EXPENSE TOTAL	
RATE PER MILE				MILEAGE EXPENSE TOTAL	
MILEAGE EXPENSE TOTAL				TOTAL DUE	

Incomplete forms will be returned, which could delay reimbursement.

Requests for reimbursement shall be made within sixty (60) days of the date(s) the expenses are incurred or the reimbursement is not guaranteed.

Send completed form to Accounts Payable for reimbursement.

Original Supervisor/Administrator's signature required.

Employee Signature _____ Date _____

Account to Charge **ORG** **OBJECT** **PROJECT**

Supervisor's Signature _____ Date _____

Program/Grant Administrator's Signature – if charging to a grant

Reimbursement will occur after final Board approval on the next scheduled paycheck.