

DATE:

July 22 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the National Center for Education Research and Technology (NCERT) Summer 2024 Conference.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

The membership with NCERT covers conference registration and hotel accommodations. Airline expense was paid for with a District Purchase Order and will be reimbursed by NCERT. Reimbursement is a request for out of pocket expenses (meals) incurred while attending the conference and Taxi/Ubers/Airport Parking/Luggage. With Technology down, flight was canceled forcing an extra overnight stay. The approved Travel Authorization form is attached.

FISCAL/BUDGETARY IMPACT:

\$529.33 - Superintendent's Travel

RECOMMENDATION:

Approval to reimburse Dr. Webb for expenses incurred to attend the National Center for Education Research and Technology (NCERT) Summer 2024 Conference.

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

Group sponsoring professional event: NCERT

School/Department: CO - Superintendent

Type of meeting or purpose of event: Conference

Meeting attendance dates: 7/17/24 thru 7/19/24

Dates you will travel: 7/17/24 and 7/19/24

Location of your meeting: CHICAGO, IL

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 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

	Mileage per/day	Date: <u>7/17/24</u>		Date: <u>7/18/24</u>		Date: <u>7/19/24</u>		
		Estimate	Actual	Estimate	Actual	Estimate	Actual	
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	14 \$10.00 \$ 0	14 \$10.00 \$ 0	14 \$10.00 \$ 0	14 \$10.00 \$ 0	14 \$10.00 \$ 0	
	11:00-2:00pm	Lunch \$10	18 \$11.00 \$ 0	18 \$11.00 \$ 0	18 \$11.00 \$ 0	18 \$11.00 \$ 0	18 \$11.00 \$ 0	
	5:00-9:00pm	Dinner \$18	28 \$23.00 \$ 0	28 \$23.00 \$ 0	28 \$23.00 \$ 0	28 \$23.00 \$ 0	28 \$23.00 \$ 0	
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 checked="" type="checkbox"/>	Reimb. Airline Tickets	\$270.17	\$	\$	\$	\$	
	<input type="checkbox"/>	Lodging	\$	\$	\$	\$	\$ 252.42	
	<input type="checkbox"/>	Bag Registration Fee	\$	40.00	\$	\$	\$ 4000	
	<input type="checkbox"/>	Taxi/Uber/Tolls/Pkg	\$20.00	50.92	20.00 \$20.00	88.00	\$20.00	57.99
Receipts are required.			\$334.17	90.92	\$64.00	88.00	\$64.00	350.41

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: \$462.17 (~~\$270.17 w/B Reimb.~~)

Supervisor's Signature: [Signature] Date 5/6/24

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: \$529.33
(Attach receipts if applicable)

Employee Signature: [Signature] Date 7/22/24

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.

Jane Kmitts 5/8/24

Jones, Misty

From: United Airlines <Receipts@united.com>
Sent: Tuesday, July 16, 2024 9:17 PM
To: Jones, Misty
Subject: Thanks for your purchase with United

You don't often get email from receipts@united.com. [Learn why this is important](#)

External Message



Tue, Jul 16, 2024

Thank you for choosing United.

A receipt of your purchase is shown below. Please retain this email receipt for your records.

Flight 1 of 1 UA2323

Wed, Jul 17, 2024
Cincinnati, OH, US (CVG)

Wed, Jul 17, 2024
Chicago, IL, US (ORD)

Traveler Details

WEBB/HENRYL
First Checked Bag (0164418388820)

eTicket number: **0162385004397**
CVG-ORD

Purchase Summary

Method of payment:
Date of purchase:

Master Card ending in 3009
Tue, Jul 16, 2024

First Checked Bag (Reference Number: 0164418388820):

40.00

Total:

40.00 USD



Uber

Total \$50.92
July 17, 2024

Thanks for riding,
Henry

We hope you enjoyed your ride
this morning.



Total

\$50.92



Receipt

L/R #07	A Payment No.00161613
T/D #01	Ticket No.017417
Entry Time	07/17/2024 (Wed) 5:15
Exit Time	07/20/2024 (Sat) 17:46
Parking Time	3Days 12:31
Parking Fee	Rate A \$88.00
Taxable Amount	\$83.02
Taxable Amount1	\$4.98
TAX(Included)	\$4.98
Tax1	6.00 %
MASTERCARD	
Account #	*****3009
Slip #	166286
Auth Code	000001454P
Credit Card Amount	\$88.00

Total	\$88.00

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



THE DRAKE HOTEL
 140 EAST WALTON PLACE
 CHICAGO, IL 60611
 United States of America
 TELEPHONE 312-787-2200 • FAX 312-787-1431
 Reservations
 www.hilton.com or 1 800 HILTONS

WEBB, K
 OBTAIN AT CHECK IN
 CHICAGO IL 60611
 UNITED STATES OF AMERICA

Room No: 636/T2RF
 Arrival Date: 7/19/2024 3:49:00 PM
 Departure Date: 7/20/2024 12:15:00 PM
 Adult/Child: 2/0
 Cashier ID: DWEI
 Room Rate: 215.00
 AL:
 HH # 662129235 BLUE
 VAT #
 Folio No/Che 1575101 A

Confirmation Number: 3107557796

THE DRAKE HOTEL 7/20/2024 12:14:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
7/19/2024	GUEST ROOM	TDAIELY1	7758845	\$215.00		
7/19/2024	CITY TAX	TDAIELY1	7758845	\$9.68		
7/19/2024	STATE TAX	TDAIELY1	7758845	\$25.59		
7/19/2024	COUNTY TAX	TDAIELY1	7758845	\$2.15		
7/20/2024	MC *2693	DWEI	7759541		(\$252.42)	
	REF=0001575101-02430010 CHIP 05 Application Label: CAPITAL ONE TC: 80E0C06CB485C531 TVR: 0080008000 AID: A0000000041010					
BALANCE						\$0.00

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit [Honors.com](https://www.hilton.com/honors)

Thank you for choosing Hilton. You'll get more when you book directly with us - more destinations, more points, and more value. Book your next stay at [hilton.com](https://www.hilton.com).

12:04

5G



Receipt

Original receipt



July 20, 2024

Thanks for riding, Henry



Total

\$57.99

Surcharges mandated by the City of Chicago may make your trip more expensive. [Learn more.](#)

11:26

5G



Tuesday
9:16 PM

Thank you for your purchase

Total bags: **1 bag**

Total **USD \$40.00**

 **MasterCard **3009**

American 



BAGGAGE CHARGE RECEIPT

PASSENGER NAME
HENRYL WEBB

UPT050LB 23KG AND62LI 1 40.00 USD

ORD CVG - AA
Total with Applicable TFC 40.00 USD
Credit Card IK XXXXXXXXXXXXX3009

XT 0.00
Fare **40.00USD** FLIGHT DATE
TFC **0.00** **3973 JULY 20, 2024**
TFC PNR: CGZCKB
Total **40.00USD** AGENT: ORD-SSM **001 0285265161 6**

TFC=TAXES, FEES & CHARGES

NOT VALID FOR TRAVEL