

DATE:

September 10, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) Fall Superintendent's Summit in Lexington, KY on September 4-5, 2024.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

Reimbursement is a request for out of pocket expenses (meals) incurred while attending the conference and parking. The approved Travel Authorization form is attached.

FISCAL/BUDGETARY IMPACT:

\$ 79.00 - Superintendent's Travel

RECOMMENDATION:

Approval to reimburse Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) Fall Superintendent's Summit in Lexington, KY on September 4-5, 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 WebbSchool/Department: COGroup sponsoring professional event: KASSType of meeting or purpose of event: Fall Superintendents SummitMeeting attendance dates: 9/4/24 thru 9/5/24Dates you will travel: 9/4/24 and 9/5/24Location of your meeting: Lexington Marriott City Center, Lexington, KYOther 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 KBOE 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:	9/4/2024	Date:	9/5/2024	Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day							
Mileage Cost @ .45		\$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 \$12	\$	\$	\$	\$	\$
	11:00-2:00pm	Lunch \$15	\$	\$15.00	\$15.00	\$	\$
	5:00-9:00pm	Dinner \$23	\$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.		Airline Tickets	\$	\$	\$	\$	\$
		Lodging	\$0.00	\$0.00	\$	\$	\$
		Registration Fee	\$0.00	\$0.00	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$11.00	\$11.00	\$7.00	\$7.00	\$
			\$34.00	\$34.00	\$45.00	\$45.00	\$0.00
							\$0.00

Funding source: Superintendent's TravelAccount Charged: Org # 0011075Object # 0580Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$79.00Supervisor's Signature: [Signature]Date: 9/3/24Grant 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 : \$79.00

(Attach receipts if applicable)

Employee Signature: [Signature]Date: 9/6/24Finance Dept Verification: [Signature]

\$

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.

October 1 a. Kennedy
9.6.24

KASS Members 1/1
Ref: iczeab

NAME

Henry Webb

EVENT

KASS Fall Superintendents Summit - Sept. 4-5, 2024

LOCATION

Lexington Marriott City Center, 121 W. Vine St., Lexington, KY 40507

DATE AND TIME

**Wednesday, Sep 4, 2024 11:30 AM to
Thursday, Sep 5, 2024 11:30 AM ET**

EVENT ORGANIZER

**Dr. Jim Flynn, Executive Director
(270) 776-0444 • jim.flynn@kysupts.org**

Receipt

L/R #03	A Payment No.00026961
T/D #01	Ticket No.023789
Entry Time	09/04/2024 (Wed) 11:12
Exit Time	09/04/2024 (Wed) 15:23
Parking Time	4:11
Parking Fee	Rate A \$11.00
TAX(Included)	\$0.62
Tax1	6.00 % \$0.62
MASTERCARD	
Account #	*****[REDACTED]
Slip #	31888
Auth Code	000000052P
Credit Card Amount	\$11.00
Total	\$11.00

Receipt

L/R #03	A Payment No.00026961
T/D #01	Ticket No.024035
Entry Time	09/05/2024 (Thu) 7:50
Exit Time	09/05/2024 (Thu) 10:34
Parking Time	2:44
Parking Fee	Rate A \$7.00
TAX(Included)	\$0.40
Tax1	6.00 % \$0.40
MASTERCARD	
Account #	*****[REDACTED]
Slip #	31947
Auth Code	000005923P
Credit Card Amount	\$7.00
Total	\$7.00