

DATE:

October 14, 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) Fall 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. The approved Travel Authorization form is attached.

FISCAL/BUDGETARY IMPACT:

\$ 296.70 - Superintendent's Travel

RECOMMENDATION:

Approval to reimburse Dr. Webb for expenses incurred to attend the National Center for Education Research and Technology (NCERT) Fall 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 WebbGroup sponsoring professional event: NCERTSchool/Department: CO - SuperintendentType of meeting or purpose of event: ConferenceMeeting attendance dates: 10/9/24 thru 10/11/24Dates you will travel: 10/9/24 and 10/12/24Location of your meeting: Annapolis, MDOther 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 KCB0E 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: 10/9/2024		Date: 10/10/2024		Date: 10/11/2024	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
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 \$8	\$14.00 \$ 14.00	\$		\$	
	11:00-2:00pm	Lunch \$10	\$18.00 \$ 18.00	\$		\$	
	5:00-9:00pm	Dinner \$18	\$	\$		\$28.00	\$ 28.00
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 checked="" type="checkbox"/>	REIMB. - Airline Tickets	\$265.95 \$	\$		\$	
	<input type="checkbox"/>	PAID BY NCERT Lodging	\$	\$		\$	
	<input type="checkbox"/>	PAID Registration Fee	\$	\$		\$	
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$20.00 \$ 43.90	\$20.00	\$ 88.00	\$20.00	\$
			\$317.95 75.90	\$20.00	88.00	\$48.00	28.00

Funding source:

Superintendent's Travel

Account Charged:

Org # 0011075Object # 0580

Project #

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate:

\$437.95 \$265.95 Reimbursed

Supervisor's Signature:

x Henry Webb Date 8/19/24

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:

\$ 296.70

(Attach receipts if applicable)

Employee Signature:

Date

10/14/24

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.

Revised 2/11/19

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

Page 1 of 2

September 12, Kennedy
8.20.24

TRAVEL AUTHORIZATION REQUEST

Employee Name: Henry WebbSchool/Department: CO - SuperintendentGroup sponsoring professional event: NCERTType of meeting or purpose of event: ConferenceMeeting attendance dates: 10/9/24 thru 10/11/24Dates you will travel: 10/9/24 and 10/12/24Location of your meeting: Annapolis, MDOther 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 KCB0E 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: 10/12/2024		Date:		Date:	
			Estimate	Actual	Estimate	Actual	Estimate	Actual
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 \$8	\$14.00	\$ 14.00		\$		\$
	11:00-2:00pm	Lunch \$10	\$18.00	\$		\$		\$
	5:00-9:00pm	Dinner \$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 checked="" type="checkbox"/>	REIMB. - Airline Tickets		\$		\$		\$
	<input type="checkbox"/>	PAID BY NCERT Lodging		\$		\$		\$
	<input type="checkbox"/>	PAID Registration Fee		\$		\$		\$
Receipts are required.								
Taxi/Uber/Tolls/Pkg			\$20.00	\$ 90.80		\$		\$
			\$52.00	104.80				

Funding source:

Superintendent's Travel

Account Charged:

Org # 0011075Object # 0580

Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate:

Supervisor's Signature: Karen CoeliusDate 8/19/24

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 :

see pg 1

(Attach receipts if applicable)

Employee Signature: _____

Date

10/14/24

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.

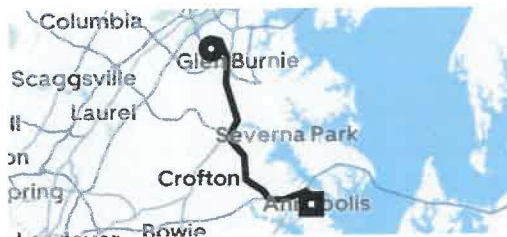
11:42

LTE

Activity

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Rebook



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Operated By Standard Parking

Receipt

L/R #05	A Payment No.00206851
T/D #01	Ticket No.059614
Entry Time	10/09/2024 (Wed) 4:29
Exit Time	10/12/2024 (Sat) 9:55
Parking Time	3Days 5:26
Parking Fee	Rate A \$88.00

Taxable Amount	
Taxable Amount1	\$83.02
TAX(Included)	\$4.98
Tax1	6.00 % \$4.98

MASTERCARD

Account #	[REDACTED]
Slip #	424086
Auth Code	000008129P
Credit Card Amount	\$88.00

Total	\$88.00
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Thank You
For Comments or Questions
Call 859-767-3105

Uber

Total \$90.80
October 12, 2024

Thanks for tipping,
Henry

Here's your updated Saturday
morning ride receipt.



Total \$90.80

Trip fare \$69.17

Subtotal \$69.17

Booking Fee ⓘ \$3.28

BWI Marshall Airport Surcharge \$3.50

Maryland Transportation Network Company Impact Fee \$0.75

City of Annapolis Surcharge \$0.25

Tip \$13.85

Payments



Mastercard ****3009

\$90.80

10/12/24 5:29 AM

Receipt ID # abf767cd-5ff8-44b2-a180-ba76a3106df4

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