

DATE:

December 10, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) Winter Conference in Louisville, KY on December 8-9, 2024.

APPLICABLE BOARD POLICY:

03.125 – Expense Reimbursement

HISTORY/BACKGROUND:

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

FISCAL/BUDGETARY IMPACT:

\$ 68.00 - Superintendent's Travel

RECOMMENDATION:

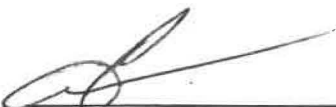
Approval of Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) Winter Conference in Louisville, KY on December 8-9, 2024.

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: CO - SuperintendentGroup sponsoring professional event: KASSType of meeting or purpose of event: ConferenceMeeting attendance dates: 12/8/24 thru 12/10/24Dates you will travel: 12/8/24 and 12/9/24Location of your meeting: Louisville, 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 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

		Sun Date: 12/8/2024		Mon Date: 12/9/2024		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 \$12	\$12.00	\$ —	\$12.00	\$ —	\$
	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.	<input type="checkbox"/>	Airline Tickets	\$	\$ —	\$	\$	\$
	<input checked="" type="checkbox"/>	Lodging	\$200.00	\$ —	\$	\$	\$
	<input checked="" type="checkbox"/>	Registration Fee	\$300.00	\$ —	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$	\$ 45.00	\$	\$	\$
			\$550.00	68.00	\$50.00	—	\$0.00

Funding source:


Superintendent's Travel

Account Charged:

Org # 0011075Object # 0580

Project # _____

PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$600.00Supervisor's Signature: X Date 10/8/24

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 :

\$ 68.00

(Attach receipts if applicable)

Employee Signature: 

Date

12/10/24

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.

November 12, Kennedy
10/8/24



LOUISVILLE MARRIOTT DOWNTOWN

GUEST FOLIO

849	WEBB/HENRY	.00	12/09/24	07:49	37247	20514
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
NDDG	KENTON COUNTY SCHOOL		12/08/24	14:47		
TYPE	1055 EATON DRIVE		ARRIVE	TIME		
177	FT WRIGHT KY 41018					
ROOM		MCXXXXXXXXXXXX2693			MBV#:	
CLERK	ADDRESS	PAYMENT				
DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE	
12/08	VALET PA					
	1 @	45.00	45.00			
12/09	CCARD-MC			45.00		
	PAYMENT RECEIVED BY: MASTERCARD	XXXXXXXXXXXX				
	***** AUTHORIZATION *****					
	APPROVED					
	Total: \$40.01 Card Type: MASTERCARD Card Entry: CHIP Acct #: *****			Approval Code: 05057P		
	***** EMV AUTHORIZATION *****					
	App Label: MASTERCARD Mode: Issuer					
	AID: A0000000041010 TVR: 0000008000 IAD: 0110607001220000643F00000000000000FF TSI: E800 ARC: 00					
	AC: 7B4BA4220EA16F10 CVM: 1E0300					
						.00
===== EXP. REPORT SUMMARY =====						
12/08	VALET PA		45.00			

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Signature X

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