

**DATE:**

March 10, 2025

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the American Association of School Administrators, Inc. (AASA) Annual Conference in New Orleans, LA on March 6-8, 2025.

**APPLICABLE BOARD POLICY:**

03.125 – Expense Reimbursement

**HISTORY/BACKGROUND:**

The conference registration and hotel accommodations were paid for with District Purchase Orders. Reimbursement is a request for out of pocket expenses (meals) incurred while attending the conference and Taxi/Ubers/Airport Parking. The approved Travel Authorization form is attached.

**FISCAL/BUDGETARY IMPACT:**

\$ 434.20 - Superintendent's Travel

**RECOMMENDATION:**

Approval of Reimbursement to Dr. Webb for expenses incurred to attend the American Association of School Administrators, Inc. (AASA) Annual Conference in New Orleans, LA on March 6-8, 2025.

**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

03.125 AP.21

jj

Employee Name: Henry WebbSchool/Department: CO - SuperintendentGroup sponsoring professional event: AASAType of meeting or purpose of event: Annual ConferenceMeeting attendance dates: 3/6/25 thru 3/8/25Dates you will travel: 3/5/25 and 3/9/25Location of your meeting: New Orleans, LAOther employees traveling with you: Shawna Harney

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 KCBCE 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: 3/5/2025		Date: 3/6/2025		Date: 3/7/2025	
		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 \$14	\$14.00 \$ 14.00	\$14.00 \$ 14.00		\$14.00 \$ 14.00	
	11:00-2:00pm	Lunch \$18	\$18.00 \$ 18.00	\$18.00 \$ —		\$18.00 \$ 18.00	
	5:00-9:00pm	Dinner \$28	\$28.00 \$ 28.00	\$28.00 \$ 28.00		\$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"/>	Airline Tickets	\$642.00 —		\$		\$
	<input checked="" type="checkbox"/>	Lodging	\$350.00 —	\$350.00 \$ —		\$350.00 \$ —	
	<input checked="" type="checkbox"/>	Registration Fee	\$795.00 \$ —	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$50.00 \$ 40.00	\$50.00 \$ —		\$50.00 \$ —	
			\$1,897.00 100.00	\$460.00 42.00		\$460.00 60.00	

Funding source:

Superintendent's Travel

Account Charged:

Org # 0011075Object # 0580

Project # \_\_\_\_\_

## PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate: \$3,387.00Supervisor's Signature: X Kerol Collins 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 :

434.20

(Attach receipts if applicable)

Employee Signature: \_\_\_\_\_

Date 3/10/25

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 8/5/24

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

Page 1 of 2

September 1a. Kennedy  
8.20.24

## TRAVEL AUTHORIZATION REQUEST

03.125 AP.21

jj

Employee Name: Henry WebbSchool/Department: CO - SuperintendentGroup sponsoring professional event: AASAType of meeting or purpose of event: Annual ConferenceMeeting attendance dates: 3/6/25 thru 3/8/25Dates you will travel: 3/5/25 and 3/9/25Location of your meeting: New Orleans, LAOther employees traveling with you: Shawna Harney

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: 3/8/2025		Date: 3/9/2025		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 \$14	\$14.00 \$ 14.00	\$14.00 \$ 14.00			\$
	11:00-2:00pm	Lunch \$18	\$18.00 \$ 18.00	\$18.00 \$ —			\$
	5:00-9:00pm	Dinner \$28	\$28.00 \$ 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"/>	Airline Tickets		\$			\$
	<input checked="" type="checkbox"/>	Lodging	\$350.00 —	\$			\$
	<input checked="" type="checkbox"/>	Registration Fee	\$	\$	\$	\$	\$
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$50.00 \$ —	\$50.00 \$ 158.20			\$
			\$460.00 60.00	\$110.00 172.20			

Funding source:

Superintendent's Travel

Account Charged:

Org # 0011075Object # 0580

Project #

## PRIOR TO TRAVEL Approval of all estimated expenses for this trip

Total Estimate:

\$3387.00

Supervisor's Signature:

Laren Collins 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 :

\$0.00

(Attach receipts if applicable)

Employee Signature:

Date

3/10/25

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.

**From:** Webb, Henry  
**Sent:** Monday, March 10, 2025 7:48 AM  
**To:** Jones, Misty  
**Attachments:** FILE\_0076.docx



**Henry Webb Ed.D**  
**Superintendent**  
**Kenton County School District**  
**1055 Eaton Drive, Ft. Wright, KY 41017**  
**859.344.8888**



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a  metropolis company

## SP Plus PARKING

CVG CINCINNATI / NORTHERN  
KENTUCKY INTERNATIONAL AIRPORT

859-767-3106

[CVGParkingServices@spplus.com](mailto:CVGParkingServices@spplus.com)

### Customer Receipt

#### DATES PARKED

EXITED: 3/9/2025

LOT PARKED \_\_\_\_\_ TERMINAL GARAGE \_\_\_\_\_

AMOUNT: \$ 115

CARD ENDING IN: 3009

Price includes 6% KY Sales Tax

TERMINAL GARAGE    CVG VALUPARK    CVG ECONOMY

#### First Day Only

0-1    Hours \$ 5.00                      \$ 12/Day                      \$ 10.00/Day

1-2    Hours \$ 10.00

2-3    Hours \$ 15.00

3-24    Hours \$ 22.00 + Each additional Day