

## ALLEN COUNTY SCHOOL DISTRICT

## PROFESSIONAL MEETING EXPENSE STATEMENT

001-1-075-0580

MUNIS CODE

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL Items.  
ATTACH MEETING REGISTRATION FORM

1. Name Travis Hamby School/Work Site Superintendent
2. Name of Meeting KSBA Conference Date of Application 2-20
3. Date (s) of Meeting 2/21-2/23 Departure Time 5pm Return Time 5pm
4. Place of Meeting Galt House Hotel
5. Rationale for Attendance KSBA 2025 Conference
- 
6. Does Meeting count toward required professional development/leadership hours? ☐ Yes ☐ No
7. Prior approval: Principal \_\_\_\_\_ Superintendent \_\_\_\_\_
8. Expenses paid by: ☐ Board ☐ PD ☐ Spec Ed ☐ KETS ☐ Other \_\_\_\_\_
9. Report required: ☐ Yes ☒ No Report Due Date: \_\_\_\_\_ 10. Sub needed: ☐ Yes ☒ No

**EXPENSES****ALL CLAIMED EXPENSES MUST BE DOCUMENTED WITH RECEIPTS**

Estimate (Before Trip)		Actual (After Trip)
\$ <u>167.50</u>	<u>250</u> Miles at <u>.43</u> cents per mile (see back for reference)	\$ <u>107.50</u>
\$ _____	Commercial Travel (attach Ticket)	\$ _____
\$ _____	Registration Fee	\$ _____
\$ <u>447.40</u>	<u>Hamby's</u> <u>cc</u> Lodging _____ Number of nights _____	\$ _____
\$ _____	Parking and Tolls	\$ _____
\$ <u>100</u>	Meals (ONLY WITH OVERNIGHT TRAVEL) <small>Maximum allowable gratuity is 18%</small>	\$ <u><del>80.00</del> 80.48</u>

**REIMBURSEMENT FOR MEALS WILL ONLY OCCUR WHEN THERE IS OVERNIGHT TRAVEL**  
**AND BE LIMITED TO THE FOLLOWING MAXIMUMS:** (See reverse for explanation)

Full Day - \$40.00

Half Day - \$20.00

\$ 207.50 TOTAL ESTIMATE TOTAL CLAIMED EXPENSES \$ 187.98

I CERTIFY THAT THE ABOVE IS A TRUE AND EXACT REPORT OF MY EXPENSES FOR THE ABOVE NAMED MEETING.

Signed \_\_\_\_\_

Revised 9/30/22

**Allen County School District  
Meeting Request/Expense Form**

**Munis Code**

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL Items.

Employee Name	Trans Hamby		
School/Work Site	Central Office	Date Submitted	4-5/25
Meeting/Conference Information			
Name of Event	RTM Supt. Forum		
Location	St. Louis, MO	Meeting Dates	4/6 - 4/8
Departure Date & Time	4/6 8am	Return Date & Time	4/8, 7:15
PD/Leadership Hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sub Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rationale for Attendance	Professional Learning for Supt		

EXPENSES		
ALL CLAIMED EXPENSES, EXCEPT MILEAGE, MUST BE DOCUMENTED WITH ITEMIZED RECEIPTS		
Paid By	<input type="checkbox"/> SBDM <input checked="" type="checkbox"/> Board <input type="checkbox"/> ECE <input type="checkbox"/> KETS <input type="checkbox"/> Other: _____	
Estimated Cost (Before Trip)	Category (See reverse side for guidelines and maximum reimbursements.)	Actual Cost (After Trip)
\$ 250.32	Mileage (596 miles x .42 cents/mile)	\$ 250.32
\$	Commercial Travel	\$
\$	Registration Fee (Attach Meeting Registration Form)	\$
\$ 675 r tax	Lodging (# of nights: 3 ) Rate: 225 (\$250/ night max)	\$ 265.35
\$	Meals (Overnight only; Full Day \$40 max; 1/2 Day \$20 max; 18% Tip Max)	\$
\$ 150	Parking/Tolls Hotel Rec.	\$ 157.50
\$	Other (specify):	\$
\$	← Total Estimate	Total Claimed Expenses → \$ 673.17

<b>Prior Approval</b> The form must be completed, and the Munis Code must be included before the superintendent approves it.
---

Principal / Supervisor: \_\_\_\_\_ Superintendent: \_\_\_\_\_

**Employee Certification (Complete AFTER Trip within 7 days):** I certify that the above expenses are accurate and comply with district policy and guidelines (see reverse side).

Actual Departure Date & Time: 4/5 8:00 am Actual Return Date & Time: 4/8 7:15 pm

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