

DATE:

June 12, 2025

AGENDA ITEM (ACTION ITEM):

Consider/Approve Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) Summer Superintendent Summit in Lexington, KY on June 9-10, 2025.

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:

\$ 41.00 - Superintendent's Travel

RECOMMENDATION:

Approval of Reimbursement to Dr. Webb for expenses incurred to attend the Kentucky Association of School Superintendents (KASS) Summer Superintendent Summit in Lexington, KY on June 9-10, 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

Employee Name: Henry WebbSchool/Department: CO - SuperintendentGroup sponsoring professional event: KASSType of meeting or purpose of event: Summer Superintendents SummitMeeting attendance dates: 6/9/25 thru 6/10/25Dates you will travel: 6/9/25 and 6/10/25Location of your meeting: Lexington Marriott City CenterOther 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

		Date: 6/9/2025		Date: 6/10/2025		Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Mileage per/day							
Mileage Cost @ .42		\$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	\$	\$0.00
	11:00-2:00pm	Lunch \$15	\$15.00	\$	\$15.00	\$	\$0.00
	5:00-9:00pm	Dinner \$23	\$23.00	\$ <u>23.00</u>	\$23.00	\$	\$0.00
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	\$0.00	\$	\$0.00	\$	\$0.00
		Lodging	\$0.00	\$	\$0.00	\$	\$0.00
		Registration Fee	\$0.00	\$	\$0.00	\$	\$0.00
Receipts are required.		Taxi/Uber/Tolls/Pkg	\$20.00	<u>11.00</u>	\$0.00	\$ <u>7.00</u>	\$0.00
			\$70.00	<u>34.00</u>	\$50.00	<u>7.00</u>	\$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:

\$120.00

Supervisor's Signature:



Date

4/14/25

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 :

\$41.00

(Attach receipts if applicable)

Employee Signature:



Date

6/12/25

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.

Review/Revised 8/05/24

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

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of

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Reimbursement will occur after final Board approval on the next scheduled paycheck.

Receipt

L/R #03 A Payment No.00011498
T/D #01 Ticket No.045991
Entry Time 06/09/2025 (Mon) 11:13
Exit Time 06/09/2025 (Mon) 15:39
Parking Time 4:26
Parking Fee Rate A \$11.00

TAX(Included) \$0.62
Tax1 6.00 % \$0.62

MASTERCARD

Account # *****2693
Slip # 13317
Auth Code 000008776P
Credit Card Amount \$11.00

Total \$11.00

Thank You For Your Visit
Please Come Again !

Receipt

L/R #03 A Payment No.00011564
T/D #01 Ticket No.046186
Entry Time 06/10/2025 (Tue) 8:10
Exit Time 06/10/2025 (Tue) 11:53
Parking Time 3:43
Parking Fee Rate A \$7.00

TAX(Included) \$0.40
Tax1 6.00 % \$0.40

MASTERCARD

Account # *****2693
Slip # 13389
Auth Code 000000384P
Credit Card Amount \$7.00

Total \$7.00

Thank You for Your Visit
Please Come Again !