

# Leaves/Reimbursement Procedures

## ☐ Employee Request for Professional Leave

- Trips that are Overnight/Out-of-State/In excess of 150 miles of school, must have 1 month in advance to get board approval
- Conference/Trip information- please attach conference handout/email
- Estimated Travel Cost-please use current district mileage rate/district mileage chart on district website  
<http://www.montgomery.kyschools.us/Content2/40>
- Estimated Hotel cost -call hotel to get estimate of rate for state employees X # rooms needed
- Sub required – Yes or No
- Funding source- Must have budget code

## ☐ Requisition form for Purchase Order

- Complete one for conference registration (Ex. KMEA)
- Complete one for hotel you wish to stay at (Ex. Galt House)
- Complete one for yourself if you are to be reimbursed  
Mileage or meals

### **\*Central Office staff will process forms**

-When you receive a copy of the PO via email you can use the PO # to register yourself for the conference

### **\*Central Office staff will book the hotel room**

-On Purchase requisition form include dates, location, conference name, name of hotel, names of students attending, block rate, # rooms, etc.

-After hotel is booked, you will be sent a confirmation

## ☐ Travel Expense Invoice for Reimbursement after the trip

- Use date of trip and description of the event
- For personal auto – use district mileage chart and current reimbursement rate on district website (see link above)
- Employee meals will be reimbursed only if the employee is requested to stay overnight
  - In-state travel rates are as follows:
    - Breakfast \$12.00
    - Lunch \$15.00
    - Dinner \$23.00
  - Cannot claim reimbursement for meals provided

**Employee Request for Professional Leave**Name Jane Doe Date 01/18/16 (Today's Date)Position Teacher School/Department MapletonI request professional leave on the following work days: 01/29/16 (Date of Leave-Do Not Have to Include Weekends)Nature: Prof Development (Need More Detail) Location: Lexington, KY

(Attach agenda or conference information)

Student Trips- Please Check One Box	Employee Only- Please Check One Box
<input type="checkbox"/> In-State-Within 150 miles of school (requires Principal & Superintendent/Designee approval)	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> In-State Overnight (requires Superintendent/designee approval)
<input type="checkbox"/> Out-of-State, overnight, or excess of 150 miles from school (requires Board approval)	<input type="checkbox"/> Out-of-State <input type="checkbox"/> Out-of-State Overnight (requires Superintendent/designee approval)
Approximate # of students attending: _____	
Bus Requested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Estimated Costs/Expense reimbursement requested (Policies 03.125/03.225)

Failure to complete expense request could result in delay of approval.

Conference Registration <b>Registration of KMEA Conference</b>	\$ <b>100</b>
Estimated Travel Cost: circle mode of travel and indicate mileage or ticket cost: Personal Auto <input checked="" type="checkbox"/> Passenger (no cost) <input type="checkbox"/> Plane <input type="checkbox"/> School Vehicle (\$1/mi.) <input type="checkbox"/> School Bus <input type="checkbox"/> Other <u>Look Up Mileage Allowed X Current Rate</u>	\$ <b>28.08</b>
Estimated Hotel Cost: _____ # of nights X _____ room rate(list split rate if sharing room)	\$
Estimated Meal Per Diem (Meals cannot be reimbursed for "day" trips.)	\$
List other costs (e.g. parking fees, taxi fares, checked luggage)	\$
Substitute Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Estimate \$100 per day)	\$ <b>100</b>
<b>Estimated Total Cost</b>	\$ <b>228.08</b>
<b>Funding Source</b> (circle all that apply): School Instructional Funds School Activity Funds District Funds Grant Name <u>PD</u> Other _____	

Funding Code(s):

Jane Doe

Employee

\_\_\_\_\_  
Immediate Supervisor (if approved)\_\_\_\_\_  
Signature of Superintendent/Designee

All professional leave must be approved in advance by the Superintendent/Designee and/or Board. The original copy of the signed form should be attached to the Service Report.

**RELATED PROCEDURES:**

03.125 AP.21; 03.125 AP.22

Review/Revised:5/26/2015

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School/Department \_\_\_\_\_

I request professional leave on the following work days: \_\_\_\_\_

Nature: \_\_\_\_\_ Location: \_\_\_\_\_

Student Trips- Please Check One Box		Employee Only- Please Check One Box
<input type="checkbox"/> In-State-Within 150 miles of school (requires Principal & Superintendent/Designee approval)		<input type="checkbox"/> In-State <input type="checkbox"/> In-State Overnight (requires Superintendent/designee approval)
<input type="checkbox"/> Out-of-State, overnight, or excess of 150 miles from school (requires Board approval)		<input type="checkbox"/> Out-of-State <input type="checkbox"/> Out-of-State Overnight (requires Superintendent/designee approval)
Approximate # of students attending: _____		
Bus Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Failure to complete expense request could result in delay of approval.

Conference Registration	\$
Estimated Travel Cost: circle mode of travel and indicate mileage or ticket cost: Personal Auto      Passenger (no cost)      Plane      School Vehicle (\$1/mi.) School Bus      Other _____	\$
Estimated Hotel Cost: _____ # of nights X _____ room rate(list split rate if sharing room)	\$
Estimated Meal Per Diem (Meals cannot be reimbursed for “day” trips.)	\$
List other costs (e.g. parking fees, taxi fares, checked luggage)	\$
Substitute Required? <input type="checkbox"/> Yes <input type="checkbox"/> No      (Estimate \$100 per day)	\$
<b>Estimated Total Cost</b>	<b>\$</b>
<b>Funding Source</b> (circle all that apply):      School Instructional Funds      School Activity Funds District Funds      Grant Name _____      Other _____	

Funding Code(s):

Immediate Supervisor (if approved)

Signature of Superintendent/Designee

### RELATED PROCEDURES:

Review/Revised:5/26/2015

# REQUISITION FORM FOR PURCHASE ORDER

Company/Vendor: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Company Phone # \_\_\_\_\_

Requesting Employee: \_\_\_\_\_

Company Address: \_\_\_\_\_

Employee Contact #: \_\_\_\_\_

\_\_\_\_\_

School/Department: \_\_\_\_\_

Funding Source (Please Check):

Purchase Type (Please Check):

- ☐ SBDM/SECTION 6 \_\_\_\_\_
- ☐ SCHOOL ACTIVITY \_\_\_\_\_
- ☐ GRANT \_\_\_\_\_
- ☐ MUNIS/OTHER \_\_\_\_\_
- ☐ DISTRICT ACTIVITY \_\_\_\_\_

- ☐ CKEC VENDOR
- ☐ KPC/KEDC VENDOR
- ☐ STATE CONTRACT
- ☐ TRAVEL REIMBURSEMENT
- ☐ OTHER \_\_\_\_\_

**CODE(S):** \_\_\_\_\_

\_\_\_\_\_

QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	TOTAL COST
SHIPPING/HANDLING				
TOTAL REQUEST				

## OFFICE USE ONLY

Vendor# \_\_\_\_\_

Purchase order# \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Employee

\_\_\_\_\_  
Authorized Signature (Admin/Supervisor)

\_\_\_\_\_  
Superintendent/Designee

# Travel Expense Invoice

**Submit in Duplicate**

NAME \_\_\_\_\_ OFFICE/SCHOOL \_\_\_\_\_

**TO THE OFFICE OF BUSINESS AFFAIRS:**

I hereby certify that the goods and services specified below have been previously authorized and request that this invoice be therefore approved for payment.

**CERTIFIED CORRECT:**

*Signature*

*Date Submitted*

		RELATED EXPENSES	
DATE	MEETING DESCRIPTION/LOCATION	ITEM EXPLANATION* (i.e. registration, meals, lodging, fuel, etc.)	AMOUNT

Code

Signature of Principal/Designee

\_\_\_\_\_

**EXPENDITURE RECEIPTS MUST BE ATTACHED TO THIS INVOICE FOR REQUESTED REIMBURSEMENTS!** (Exception: Receipts are not required for meals unless additional cost for meals were preapproved.)

\* Be sure to list total miles traveled, number of meals, number of nights lodging, etc. Mileage is reimbursed at \_\_\_\_\_ per mile.

**RELATED PROCEDURE:** 04.31 AP.2 (District procurement cards)

Review/Revised:9/27/11

# Regulation on Travel Expense and Reimbursement

COMMONWEALTH OF KENTUCKY  
FINANCE AND ADMINISTRATION CABINET  
OFFICE OF THE CONTROLLER

200 KAR 2:006

Informational Copy Revised 6/21/2024

*The mileage reimbursement rate for July 1 – Sept 30, 2024, is 45¢ per mile.*

## Mileage Rate History

Began	Through	Rate per Mile
October 1, 2024	December 31, 2024	Next Scheduled Review
<b>July 1, 2024</b>	<b>September 30, 2024</b>	<b>\$0.45</b>
April 1, 2024	June 30, 2024	\$0.45
January 1, 2024	March 31, 2024	\$0.43
October 1, 2023	December 31, 2023	\$0.46
July 1, 2023	September 30, 2023	\$0.46
April 1, 2023	June 30, 2023	\$0.45
January 1, 2023	March 31, 2023	\$0.44
October 1, 2022	December 31, 2022	\$0.46
July 1, 2022	September 30, 2022	\$0.53
April 1, 2022	June 30, 2022	\$0.49
January 1, 2022	March 31, 2022	\$0.44
October 1, 2021	December 31, 2021	\$0.44
July 1, 2021	September 30, 2021	\$0.44
April 1, 2021	June 30, 2021	\$0.43
January 1, 2021	March 31, 2021	\$0.39
October 1, 2020	December 31, 2020	\$0.39

The reimbursement rate is determined using the American Automobile Association (AAA) Daily Fuel Gauge Report for Kentucky for regular unleaded gasoline. The gasoline cost used for the calculation is located on the AAA website at: <http://gasprices.aaa.com/?state=KY>.

The rate shall be adjusted on January 1, April 1, July 1, and October 1 each calendar year based on the average retail price of regular grade gasoline for the week beginning on the second Sunday of the prior month as follows:

	AAA Average Weekly Fuel Cost	Reimbursement Per Mile
a.	\$ .01 to \$1.499	36 cents per mile
b.	\$1.50 to \$1.699	37 cents per mile
c.	\$1.70 to \$1.899	38 cents per mile
d.	\$1.90 to \$2.099	39 cents per mile
e.	\$2.10 to \$2.299	40 cents per mile
f.	Greater than \$2.299	41 cents plus 1 cent for every 20 cent increase

Mileage for in-state travel shall be based on the “Kentucky Official Highway Map”, MapQuest website, Google Maps website, or similar web mapping service. Out-of-state mileage shall be based on the most recent edition of the “Rand McNally Road Atlas”, MapQuest website, Google Maps website, or similar web mapping service.

*Section 4(a) and Section 8(2)(d) of the revised travel regulations.*

From	Destination	Miles One Way	Miles Round Trip
CO	ME	3	6
CO	MSE	3	6
CO	MCIS	3	6
CO	MCN	0	0
CO	MCHS	0	0
CO	CE	4	8
CO	J'VILLE	7	14
CO	Early Learning Center	1	2
To All Schools			18.5
Adult Ed.	Regional Jail	1.2	2.4
Mt. Sterling	Lexington	36	72
Mt. Sterling	Frankfort	60	120
Mt. Sterling	Louisville	109	218
Mt. Sterling	Richmond	39	78
Mt. Sterling	Bowling Green	190	380
Mt. Sterling	Morehead	31	62
Mt. Sterling	Georgetown	46	82
Mt. Sterling	Highland Heights (NKU)	114	228
Mt. Sterling	Cincinnati	115	230

**- CLASSIFIED PERSONNEL -****Expense Reimbursement**

Provided the Superintendent/designee has given prior approval to incur necessary and appropriate expenses, the Board shall reimburse school personnel for school-related travel when such travel is a required part of the duties of the employee or for school-related activities approved by the Superintendent and, when appropriate, the School Council. Travel expenses of school-based personnel in SBDM schools shall be paid from Council funds. In the case of expenses reimbursed from internal accounts, the Principal shall be the authority for approving reimbursement. Travel expenses for guests of employees shall not be reimbursed.

The expense reimbursement process shall require documentation of the funding source/category used to pay expenses for all approved trips.

The Board will be responsible only for actual expenses. Allowable expenses are:

**MILEAGE**

Actual mileage between official work stations within the school system and actual mileage for trips outside the school system which have been approved by the Superintendent and the Council in SBDM schools will be reimbursed at the mileage rate approved by the Commonwealth of Kentucky Finance and Administration Cabinet for in-state travel and the General Services Administration (GSA) rate for out-of-state travel when the employee uses his/her own vehicle.

**GASOLINE**

Actual cost of gasoline and oil purchased and placed in a Board-owned vehicle by an employee while engaged in school-related travel. Purchase must be substantiated by a receipt showing total gallons and total charges.

**TOLLS AND FEES**

All tolls and parking fees incurred in school-related travel. Parking fees must be substantiated by a ticket or receipt. (Tolls are not to be charged for District vehicles being operated in state in an official capacity.)

**CAR RENTAL**

Car rental charges when approved by the Superintendent and the Council in SBDM schools. Charges must be substantiated by a receipt.

**COMMON CARRIERS**

All charges or fares for necessary travel on common carriers (plane, bus, train, subway, taxi, ferry, etc.). Sight-seeing and pleasure tours are not reimbursable.

**OUT-OF-STATE TRAVEL**

Reimbursement for out-of-state travel by privately owned vehicles shall be made on the basis of airplane coach fare or mileage rate, whichever is the lesser amount.



**Expense Reimbursement****FOOD**

Meals will be reimbursed consistent with the guidelines used by the Commonwealth of Kentucky for State Government Employees for in-state travel and GSA guidelines for out-of-state travel.

In unusual circumstances, the Superintendent may approve the cost of meals in excess of the maximum allowance.

Employees meals will be reimbursed by the District only if the employee is requested to stay overnight, or the meal is part of a conference or workshop registration fee.

**LODGING**

Hotel or motel charges (not including food or other charges) incurred in school-related travel. Charges must be substantiated by a receipt.

**EMERGENCY REPAIRS TO VEHICLES**

Reimbursement will be made for emergency repairs or road service to Board-owned vehicles if incapacitated while out of District. Drivers may not obligate the Board for major repairs without the permission of the Director of Transportation or Superintendent.

**REIMBURSEMENT FORM**

Travel vouchers shall be submitted within one (1) week of the travel. No requests for travel reimbursement will be considered unless filed on the proper form and accompanied by itemized receipts.

Without proper documentation, individuals shall not receive reimbursement, and, if it is determined that reimbursement was made based on incomplete or improper documentation, the individual may be required to reimburse the District.

**REFERENCES:**

[200 KAR 002:006](#)

[KRS 160.290, KRS 160.410, KRS 175.525](#)

[OAG 80-395](#)

*United States v. Correll*, 389 U.S. 299 (1967)

Accounting Procedures for Kentucky School Activity Funds

Adopted/Amended: 7/16/2013  
Order #: 2013-14:02



**Andy Beshear**  
GOVERNOR

**FINANCE AND ADMINISTRATION CABINET  
OFFICE OF THE SECRETARY**

**Holly M. Johnson**  
SECRETARY

200 Mero Street, 5th Floor  
Frankfort, Kentucky 40622  
Phone: (502) 564-4240  
Fax: (502) 564-6785

**SECRETARY'S ORDER NO. 24-101**

**MEAL REIMBURSEMENT RATES**

WHEREAS, KRS 44.060 and 45.101 authorizes the Finance and Administration Cabinet to promulgate administrative regulations relating to reimbursement for travel expenses; and

WHEREAS, KRS 45.101(7) states that the Finance and Administration Cabinet may promulgate administrative regulations to provide for the payment of a fixed expense allowance per day to be established by the Secretary of the Finance and Administration Cabinet; and

WHEREAS, pursuant to the authority granted by KRS 44.060 and 45.101, the Finance and Administration Cabinet has promulgated 200 KAR 2:006, specifying the authorization required for approval and reimbursement of travel expenses; and

WHEREAS, 200 KAR 2:006, Section 7(3)(c) provides that state officers or employees shall be reimbursed as a rate set by 200 KAR 2:006, Section 7(3)(d); and

WHEREAS, 200 KAR 2:006, Section 7(3)(d) states that the Secretary of the Finance and Administration Cabinet shall specify meal reimbursement rates, as appropriate, via Secretary Order.

NOW THEREFORE, I, Holly M. Johnson, Secretary of the Finance and Administration Cabinet, pursuant to the authority vested in me by KRS 44.060 and 45.101 and 200 KAR 2:006, hereby order and direct:

1. Meal reimbursement rates for high rate areas shall be as follows:
  - a. Breakfast: fourteen (14) dollars
  - b. Lunch: eighteen (18) dollars
  - c. Dinner: twenty-eight (28) dollars
2. Meal reimbursement rates for non-high rate areas shall be as follows:
  - a. Breakfast: twelve (12) dollars

Secretary's Order No. 24-101

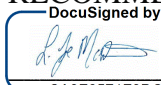
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- b. Lunch: fifteen (15) dollars
  - c. Dinner: twenty-three (23) dollars
3. A copy of the order shall be posted and maintained on the website of the Finance and Administration Cabinet, Office of the Controller.
4. This Order shall not be read to waive any provision or requirement contained in 200 KAR 2:006.

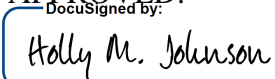
This Order is effective immediately and remain in effect until modified or rescinded by the Secretary of the Finance and Administration Cabinet. The provisions of any prior Order that conflict with the provisions of this Order, including but not limited to Secretary's Order 21-103, shall be null and void.

Approved and granted this 3<sup>rd</sup> day of July 2024.

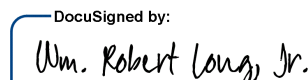
RECOMMENDED:

DocuSigned by:  
  
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Joe McDaniel, Controller  
Finance and Administration Cabinet

APPROVED:

DocuSigned by:  
  
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Holly M. Johnson, Secretary  
Finance and Administration Cabinet

REVIEWED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
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Attorney, Office of General Counsel

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(6) State parks. A state agency or institution using state park facilities may pay for rooms and meals by an Internal Exchange Transaction (IET) process in the eMars program to transfer funds, within the limits of this administrative regulation.

#### Section 7. Reimbursement Rates.

- (1) The following persons shall be exempted from the provisions of this section:
  - (a) Governor;
  - (b) Governor's staff;
  - (c) Lieutenant governor;
  - (d) State employees traveling on assignment with the governor, lieutenant governor, elected constitutional officers, or cabinet secretaries;
  - (e) Elected constitutional officers;
  - (f) Cabinet secretaries;
  - (g) State officers and employees authorized to travel outside the United States;
  - (h) Members of statutory boards and commissions; and
  - (i) Others in the official service of the commonwealth.
- (2) Lodging.
  - (a) Except as provided in paragraph (b) of this subsection, a state officer or employee shall be reimbursed for the actual cost of lodging if the:
    1. Lodging is determined to be the most economical; and
    2. State officer or employee has provided the hotel, motel, or other establishment's receipt to be reimbursed for the travel expenses.
  - (b) Reimbursement for lodging shall not exceed the cost of a single room rate, except that if employees share lodging, each employee shall be reimbursed the lesser of single rate or one-half (1/2) the double rate.
- (3) Subsistence and incidentals.
  - (a) Breakfast and lunch. A state officer or employee shall be eligible for reimbursement for subsistence for breakfast and lunch expenses while traveling in Kentucky, if authorized work requires an overnight stay and absence during the mealtime hours established by paragraph (e) of this subsection. An employee shall be in travel status during the entire mealtime. For example, to be eligible for breakfast reimbursement, an employee shall leave at or before 6:30 a.m. and return at or after 9 a.m. This requirement shall apply to all meals.
  - (b) Dinner expenses. A state officer or employee shall be eligible for reimbursement for dinner expenses while traveling in Kentucky, if authorized work requires an absence:
    1. At a destination more than forty (40) miles from the individual's official work station, alternate work station, and home; and
    2. During the mealtime hours established by paragraph (e) of this subsection.
  - (c) A state officer or employee shall be eligible for reimbursement for meals while on authorized travel outside Kentucky, but within the United States, its possessions, or Canada, at the reimbursement rates established in paragraph (d) of this subsection.
  - (d) The secretary shall specify the meal reimbursement rates via secretary order as appropriate in the following manner:
    1. The order shall be posted on the Web site of the Office of the Controller;
    2. The order shall specify the reimbursement rate for high rate areas and non-high rate areas; and
    3. The order shall designate reimbursement rates for breakfast, lunch, and dinner.
  - (e) To be eligible for meal reimbursement, an employee shall be in travel status for the entire duration of the following time periods:
    1. Breakfast: authorized travel is 6:30 a.m. through 9 a.m.;
    2. Lunch: authorized travel is 11 a.m. through 2 p.m.; or

3. Dinner: authorized travel is 5 p.m. through 9 p.m.

(f) A state officer or employee authorized to travel outside the United States, its possessions, or Canada shall be reimbursed for their actual and necessary expenses for subsistence.

(g) A state officer or an employee may, with prior approval of the agency head or designee, be reimbursed for the actual cost charged for meals, if the individual is assigned to attend meetings and training sessions.

(h) Gratuities may be reimbursed if:

1. The total payment of the meal and gratuity do not exceed the limits established in paragraph (d) of this subsection; and

2. The gratuity does not exceed twenty (20) percent of the cost of the meal.

(i) Lodging receipts, or other credible evidence, shall be attached to the Travel Voucher.

(4) Transportation expenses.

(a) Reimbursement for authorized use of a privately-owned vehicle shall be:

1. At a rate designated on the Office of the Controller's Web site;

2. Set and adjusted based on the American Automobile Association (AAA) Daily Fuel Gauge Report for Kentucky for regular grade gasoline. The rate shall be adjusted on January 1, April 1, July 1, and October 1 each calendar year based on the average retail price of regular grade gasoline for the week beginning on the second Sunday of the prior month as follows:

a. If the fuel cost is between one (1) cent and one dollar forty-nine and nine-tenths cents (\$1.499), the employee shall be reimbursed thirty-six (36) cents per mile;

b. If the fuel cost is between one dollar fifty cents (\$1.50) and one dollar sixty-nine and nine-tenths cents (\$1.699), the employee shall be reimbursed thirty-seven (37) cents per mile;

c. If the fuel cost is between one dollar seventy cents (\$1.70) and one dollar eighty-nine and nine-tenths cents (\$1.899), the employee shall be reimbursed thirty-eight (38) cents per mile;

d. If the fuel cost is between one dollar ninety cents (\$1.90) and two dollars nine and nine-tenths cents (\$2.099), the employee shall be reimbursed thirty-nine (39) cents per mile;

e. If the fuel cost is between two dollars ten cents (\$2.10) and two dollars twenty-nine and nine-tenths cents (\$2.299), the employee shall be reimbursed forty (40) cents per mile; or

f. If the fuel cost is greater than two dollars twenty-nine and nine-tenths cents (\$2.299), the amount the employee is reimbursed shall increase one (1) cent for every twenty (20) cent increase in the rate; and

3. Not exceed the cost of commercial coach round-trip airfare.

(b) Mileage for in-state travel shall be based on the Kentucky Official Highway Map, MapQuest Web site, Google Maps Web site, or similar web mapping service. Out-of-state mileage shall be based on the most recent edition of the Rand McNally Road Atlas, MapQuest Web site, Google Maps Web site, or similar web mapping service.

(c) Reimbursement for the actual cost of commercial transportation shall be made upon submission of receipts with the Travel Voucher.

(d) Reimbursement for use of privately-owned aircraft shall be made if, prior to use, written justification was submitted to and approved by the agency head, or a designated representative.

(e)

1. Actual parking, bridge, and highway toll charges shall be reimbursed.

2. A toll receipt for authorized in-state travel by two (2) axle vehicles shall not be required.