







CREATING & UTILIZING AN EFFECTIVE TRAVEL POLICY

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Executive Director of Financial Accounting and Benefits Services

Fayette County Public Schools Lexington, KY

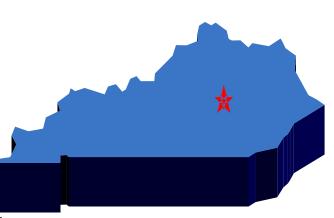
INTRODUCTION-RODNEY O. JACKSON

- Rodney O. Jackson, MBA, CSFO, G.M.C.,CSBA
- **Executive Director Financial Accounting and Benefits Services**
- Undergrad in Accounting and M.B.A. both from UK
- 28 years of Accounting Experience including over 22 years of School Finance.
- Over 24 years in Grants Management Experience
- Certified in Grants Management 2002
- Certified School Financial Manager 2005
- Certified School Financial Officer 2016
- Certified Finance Officer of State of KY 2017
- Certified School Business Administrator 2022
- FCPS manages over \$900 million in revenue including \$200 million in Grants
- KASBO Past President 2020-2021
- KASBO Board Member
- SASBO Emerging Leader

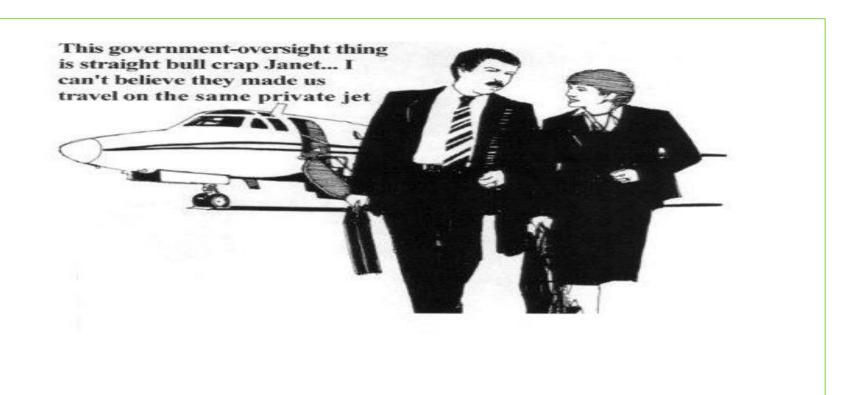


Where I Come From

- Approximately 43,000 students (2nd largest is state of KY)
- Over 900 regular employees
- Annual budget \$900 million
- Additional \$149 Million in CARES
- 69 schools and programs
- KY has 171 school districts
- No charter schools
- 2/3 have fewer than 3000 students
- Largest has 94,000 students (metro Louisville)
- Smallest has 109 (independent)



TRAVELING FIRST CLASS



Learning Objectives



Best Practices for Travel and Professional Leave



Assess internal controls for travel and related reimbursements



Learn how to strengthen the adequacy of your travel system

PROFESSIONAL LEAVE BY DEFINITION

Professional leave is leave granted to an employee to participate in educational related and/or professional growth and development activities.









Protection





QUOTE TO THINK ABOUT

"EDUCATION COSTS MONEY, BUT SO DOES IGNORANCE"

Anonymous



AREAS OF TRAVEL POLICY

- Introduction
- Procedures for Requesting Professional Leave
- Procedures for Reimbursement of Expenses
 - Transportation
 - Airline Travel Reimbursement
 - Car Travel/Mileage Reimbursement
 - Lodging
 - Meals
 - Other Expenses
- Airlines Addendum

about **kids**

Fayette County Public Schools

DATE OF REQUEST

REQUEST FOR PROFESSIONAL LEAVE AND SUB REQUEST FORM

NAME / ACT FIRS		CYTAI	J SUB REO						
NAME (LAST, FIRS	SI, INITIAL)		SCHOO	L/DEPAI	RTMENT		EMPLOYEE NUMBER		
CLASSIFICATION			SUBJECT / GRADE TAUGHT (IF APPLICABLE)						
Certified Classified							-5-		
		TITLE C	F PROFESSIONAL LE	AVE ACT	IVITY:				
LOCATION (CITY, STATE) NUMBER OF WORKDAYS				UMBER OF DAYS UDING TRAVEL T		DEPARTURE / RETURN DATES			
			Yes No						
SUB REQUIRED: (ENTER D	ATES)		SUB PREFERENCE		ORG /	OBJ / PROJ			
					(TO BE CO	OMPLE	TED BY BUDGET MGR)		
Full day	AM	SU	B FUNDING SOURCE		SUB-FUNI	SUB-FUNDS BUDGET MGR, SIGNATURE			
Half day	PM								
EXPENSE ESTIMA	ATE Tra	nsporta	tion costs are limited t is utilized, reimburser	nent is li	rsement for ecor mited to least cor r fare or mileage.	st to the	r to destination and return. If district, i.e. economy, round		
LODGING	MEALS		TRANSPORTATIO	NO	REGISTRATION		MISCELLANEOUS (PARKING TOLLS, ETC.)		
CAR RENTAL (Authorization F	Required)		CAR RENTAL AUTH	ORIZATI	ON (SUPERINTE	NDENT	OR DESIGNEE)		
			Signature			Date			
TOTAL ESTIMATED EXPER	NCEC	FUNDING SOURCE:							
		ORG / OBJ / PROJ			School funds District PD funds Grant (Specify) Classified PD funds				
\$	_			School PD funds			Other (Specify)		
REMARKS (USE FOR SPEC	IAL REQUIREME	NTS, E.	G. VACATION IN CON.	UNCTIO	N W/TRAVEL, TR	AVEL A	RRANGEMENTS, ETC)		
			APPROVAL	0					
mployee Policy Agreement: I h mployee Signature:	ave read and agr	ee to th	e terms and conditions Date:	s of the I	CPS Professiona	al Devel	opment Leave Policy.		
PRINCIPAL/DIRECTOR			BUDGET MANAGER			PROFESSIONAL DEVELOPMENT REP.			
Signature		Signature		(MUST BE SIGNED IF PD FUNDS ARE USED Signature					
							-3		
Date			Date	Date			Date		
Approved by SBDM co	ouncil on		Included	in SBD	M Council minute	s as ite	m number		
			FOR PD OFFICE USE O	DNLY:					
REQUEST	HAS BEEN APPR				BOARD OF E	DUCATI	ON AGENDA		
			d to Office of Professi	onal Gro					

ALL INCLUSIVE PD

If Professional Development was all inclusive and the itemized hotel/flight receipts are not attainable, then the following additional supporting documentation is required:

- Copy of PD Agenda
 - ➤ (Must show dates and times of PD)
- Copy of PD Leave Request



MULTIPLE EMPLOYEES



AIRLINE TRAVEL

- Itemized flight itinerary receipt
 - ➤ Must show times and paid -0- balance
- > Air fare
 - Reasonable rate not First Class
 - By seat and location factors
 - By time factors
- > Flight insurance
 - Flight protection in case of cancellation or delays will be covered.
 - COVID (Pandemic) Rider
 - Life insurance for individual will not be covered only if separate.
- ➤ One seat per traveler
- One checked bag per person
- Airline change fees
 - If traveler requests any changes after ticket has been issued, all fees will not be covered.
 - If traveler obtains nonrefundable ticket via a PO and doesn't use it, then individual will be liable for cost of airline ticket.



LUGGAGE VS. BAGGAGE



But, I have only one item of hand-luggage... You can't charge me extra...

BAGGAGE

The district will allow only (1) checked bag per person

- All additional bags checked by travelers above the one approved checked bag will be the traveler's responsibility to pay for – not the district.
- Additional fees for baggage beyond standard weight limits will not be covered.
- Must attach baggage receipts showing paid in full.



CAR TRAVEL/MILEAGE REIMBURSEMENT

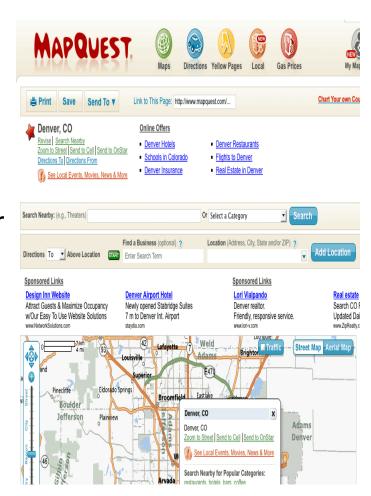
The mileage cost for a privately-owned vehicle will be reimbursed at the rate to be adjusted based on the American Automobile Association (AAA) Daily Fuel Gauge Report for Kentucky for regular grade gasoline cost reported on June 1 and adjusted thereafter on January 1. April 1, July 1, and October 1 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.





TRAVEL/MILEAGE REIMBURSMENT

- Mileage for travel shall be based only on the mileage calculations provided by MapQuest.
- Based solely on location address to location address-not city center to city center
- <u>http://www.mapquest.com</u>
- Mileage reference guide-If local travel



MILEAGE BETWEEN HOME AND WORK

Mileage commuting between home and work station shall not be paid on a daily basis.

If an employee's point of origin for travel is the employee's residence, mileage shall be paid for the <u>shorter</u> of mileage between:

a) residence and travel destination, or

b) work station and travel destination



TRANSPORTATION (OVER & UNDER 4 HOURS)





TRANSPORTATION (OVER & UNDER 4 HOURS)

- If a trip is within 4 hours travel time, then employee shall drive and be reimbursed for mileage.
- Any trip over 4 hours, then have the option of flying.
- ❖ However, if an employee chooses to drive and the travel time is over 4 hours, they shall only be reimbursed for the <u>lower</u> of mileage cost or the equivalent the airfare would have cost for the corresponding trip. (**Documentation of the flight cost at that time of travel is required to be attached to reimbursement)

VALET PARKING

Valet parking will only be allowed if the hotel does not allow self parking and there is no other option available.

Must attach receipt showing paid in full.





RENTAL CARS





LODGING & CHECKOUT TIMES

Lodging shall be the most economical, as determined by considering location of the lodging. Facilities providing special government rates or commercial rates shall be used if feasible.

- OVERNIGHT STAY
- PRIOR APPROVAL
- 4:00 pm (E.S.T)

NON-REIMBURSABLE EXPENSES







MEALS

- Meal reimbursement requires overnight stay (Must submit either itemized hotel receipt or flight itinerary showing -0- balance)
- No meal receipts are needed unless field trip (Based on per diem)
- Not eligible for per diem if meals are included in conference OR (consider inflation and pay regardless)

Must be hot meals (Continental breakfast or appetizers are exempt)



OPTION 1: MEAL REIMBURSEMENT AMOUNTS

MEAL	TIMES	LOW RATE: (Inside KY & bordering states-IF DRIVING)	HIGH RATE: (Outside KY & inside bordering states-IF FLYING)	
Meal	Meal-Time Hours	Not to Exceed	Not to Exceed	
Breakfast	6:30 am-9:00 am	\$7.00	\$8.00	
Lunch	11:00 am-2:00 pm	\$8.00	\$9.00	
Dinner	5:00 pm-9:00 pm	\$15.00	\$19.00	

TRAVEL EXPENSE HIGH RATE AREAS





OPTION 2: ME&L REIMBURSEMENTS

Meal reimbursements
Receipts <u>not</u> required
Board approval dates will
determine meal per
diems

Board agenda form useful to determine whether or not meals were requested/approved

For Chiefs: meeting meal rate limits have changed \$8 breakfast, \$9 lunch, \$19 dinner

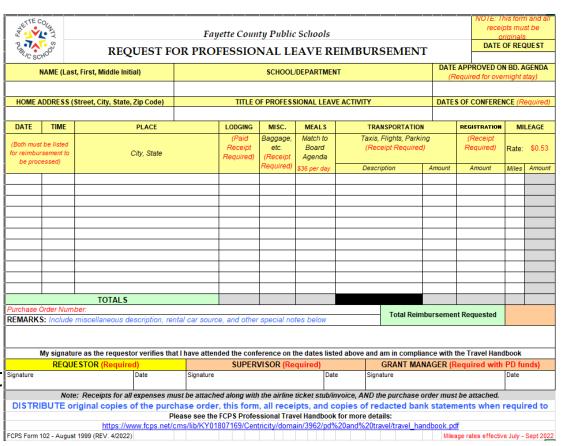
Breakfast, lunch and/or dinner: A traveler shall be eligible for reimbursement for meal expenses only if overnight stay is required while traveling on district business. If authorized work requires an overnight stay and traveler is in travel status during the days established on the board agenda, a traveler shall be eligible for reimbursement according to the per diem rate of \$36 per day.

	\$36 per				
Meals day					
*In accordance					
with board					
approval dates*					



Request for Professional Leave Reimbursement Form

- Updated quarterly
- For PD trips
- AP requires originals
- If grant funds or PD funds are used, third signature required
- Notes section for extenuating circumstances
- Complete "Date approved on board agenda" for overnight stays



Sample

A TETTE C	OUNTY S		.,		ty Public					recei	ots mus riainals		
REQUEST FOR PROFESSIONAL LEAVE REIMBURSEMENT							5/8/2022						
		t, First, Middle Initial)		SCHOOL/DEPARTMENT					DATE APPROVED ON BD. AGENDA				
	•			Sample Elementary School						(Required for overnight stay) 1/1/2022			
		ast, First, MI											
		Street, City, State, Zip Code)		TITLE OF PROFESSIONAL LEAVE ACTIVITY Sample Conference or Training Name					DATES OF CONFERENCE (Required)				
		, Lexington, KY, 40502								January 1, 2022 - January 4, 202			
DATE	TIME	PLACE	L	ODGING	MISC.	MEALS		TRANSPORTATION		ON	ON MILEAGE		
(Both must for reimbur be proce	sement to	City, State	ı	(Paid Receipt Required)	Baggage, etc. (Receipt	Match to Board Agenda	Taxis, Flights, Parking (Receipt (Receipt Required) Required)		(Receipt Required)	Rate:	\$0.44		
					Required)	\$36 per day		Description	Amount	Amount	Miles	Amount	
01/01/22	11a-9p	Seattle, WA			\$30.00	\$36.00	Air	port to hotel	\$14.92	\$299.00	6	\$2.64	
01/02/22	8a-9p	Seattle, WA				\$36.00							
01/03/22	8a-9p	Seattle, WA Seattle, WA		\$745.32	\$30.00	\$36.00 \$36.00			\$12.37			00.64	
01/04/22	8a-12p	Seattle, WA		\$745.52	\$30.00	330.00	110	el to airport	312.37		6	\$2.64	
		TOTALS		\$745.32	\$60.00	\$144.00			\$27.29	\$299.00	12	\$5.28	
Purchase C						4		Total Reimb	urseme	nt Requested	\$1,	280.89	
\$30 each w	ay for bag	ggage on flights; family member	drove me to/fr	om LEX A	irport 3 mi	les each way	•		-				
Му	signature	as the requestor verifies that I l	have attended	the confe	rence on t	ne dates liste	ed above	and am in compli	ance wit	h the Travel H	andboo	ok	
Ti ana atau na	REQU	ESTOR (Required)	Cienalue	SUPERV	ISOR (Red	<mark>quired)</mark> Date			AGER (R	equired with	PD ful Date	nds)	
Signature		Date	Signature			Dat	е	Signature			Date		
	_ No	te: Receipts for all expenses mus	t be attached a	along with	the airline	ticket stub/ii	nvoice, A	ND the purchase or	der mus	t be attached.			

PROOF OF ATTENDANCE





Develop your own Certificate of Attendance! Be seen to include all of the pertinent information listed on this sample!!!

CERTIFICATE OF ATTENDANCE

ATTENDANCE
For
Fundament

Autority Theory

Attendance Ventified by integrature y

Elem:

Elem

FAYETTE COUNTY PUBLIC SCHOOLS 701 EAST MAIN STREET LEXINGTON, KENTUCKY 40502 Mileage reimbursement rate is 0.41 per mile, effective: 7/1/2016

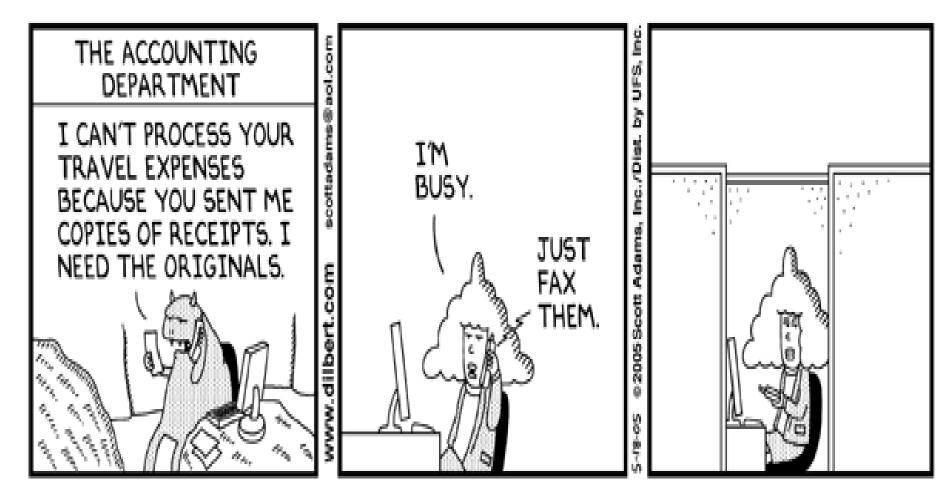
MILEAGE ALLOWANCE VOUCHER

	MONTH OF:			
DATE	FROM - TO		MILES	PARKING, ETC.
				11
				li i
	TOTAL MILES			
	MILEAGE REIMBURSEMENT @	\$ 0.41 / MILE	\$ GRAND TOTA	\$
			GRAND TOTA	5

I HEREBY CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THE ABOVE STATEMENT WERE INCURRED BY ME IN THE DISCHARGE OF OFFICIAL BUSINESS.

DATE	NAME (Typed or Printed)	Signature
TEACHING POSITION	Home Address	City / State / Zip
DATE	Approval (Director/Principal)	Title
Org. Code:	Object:	Project Code:

PLEASE CHECK ALL CODES IN ORDER THAT THE TRAVEL CAN BE PROPERLY PROCESSED

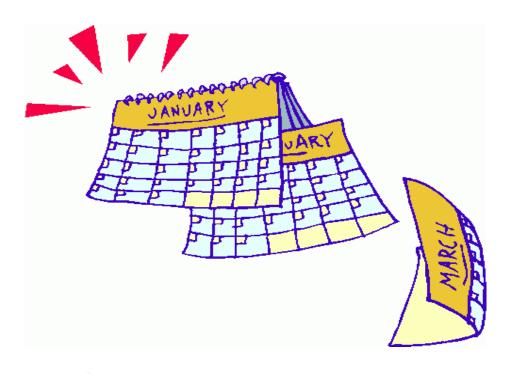


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TIMELY SUBMISSION

Professional Development Reimbursement Request Forms are required to be submitted within 30 days of return from professional leave or work-related regular travel.

Mileage Reimbursement Forms should be submitted at a minimum monthly or at a maximum quarterly.



*If a request is received outside the 30-day window, the request will be submitted to the traveler's Cabinet-level director for determination on whether to submit it for payment.



DIRECTOR DISCLAIMER





EXAMPLE DISCLAIMER

Financial Accounting and Benefit Services reserves the right and may disallow or reduce the amount of a claim that violates the provisions of this procedure or may require written justification for amounts claimed by a traveler that are not deemed reasonable or allowable.

For the Protection of the District

The all-encompassing clause:

 "The Executive Director of Financial Accounting and Benefits Services reserves the right to reduce or deny any reimbursement request deemed incomplete or inappropriate for reimbursement."

The 3 guiding principles:

 Is this reasonable, allocable, and allowable? NOTE: This principle is especially important for grant expenditures!

Cost Principles

ALLOWABLE

- Necessary and reasonable
- Conforms to the cost principles and grant's terms and conditions
- Authorized or permitted by law or regulation
- Treated consistently as a direct or indirect cost
- Adequately documented

ALLOCABLE

- Chargeable and assignable to cost categories
- Incurred solely to advance the work under the sponsored agreement
- Necessary to the overall operation of the agreement
- Not charged to other Federal awards

REASONABLE

 Reasonable costs are determined by the prudent person test (i.e., amount charged is not excessive and is within the bounds of common sense)

Costs must be NECESSARY for proper and efficient performance and administration of the award (i.e., if it's a reasonable cost, if it's not necessary for the performance of the award, it is not allowable)

TRAVEL (2CFR200.475)

 Must have a written policy and procedures guide for travel expenditures





BOSS APPROVERS RULE



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Non-Travel Reimbursements

- Emergencies only
- Justification must be provided
- Tax is not reimbursed
- Approving authority must sign
- Send original form, receipt(s), proof of payment, and PO to AP

NON-TRAVEL REIMBURSEMENT

PURPOS	SE/USE of FORM: To reimburse employ	ee for out-of-pocket expe	nses that a	re NOT tra
	REIMBURSEMENT: \$500.00 (five hundre ATION: justification of expenditure <u>must</u>	ed dollars)		
DATE:				
Employee	Name:	Employee Number:		
Departmen	t/School:			
Employee	Address:			
DATE	PERSON MAKING PURCHASE	ITEM PURCHAS	SED	COST
JUSTIFICA	TION:			
JUSTIFICA	TION:			
JUSTIFICA	TION:			
JUSTIFICA	TION:			
JUSTIFICA	TION:			
			TOTAL	
X Person makin	g purchase	Approving Authority		

Non-Travel Reimbursement Sample

NON-TRAVEL REIMBURSEMENT

	NON-TRAVEL RE	IMBORGEMENT	
PURPO	SE/USE of FORM: To reimburse employe relate		t are NOT trav
	REIMBURSEMENT: \$500.00 (five hundred ATION: justification of expenditure must b		
DATE:	6/24/22		
Employee Name: Valerie Wilcox Employee Number: [Required]			ed]
Departmen	nt/School: [Required]		
Employee	Address: [Required]		
DATE	PERSON MAKING PURCHASE	ITEM PURCHASED	COST
6/23/22	Valerie Wilcox	HDMI Cable	\$12.99
JUSTIFICA	Cable broke while on professional leave a	at a conference- needed it to present	
		I	
		TOTAL	\$12.99
X [V	Vet signature required]	X [Wet signature required]	
Person mak	ring purchase	Approving Authority	

Proof of Payment: The Why

But WHY?

To prove the employee who is requesting reimbursement is the same person who personally incurred the charge AND ALSO that THE DISTRICT has not paid the expense in any other way, such as with a procurement card or purchase order



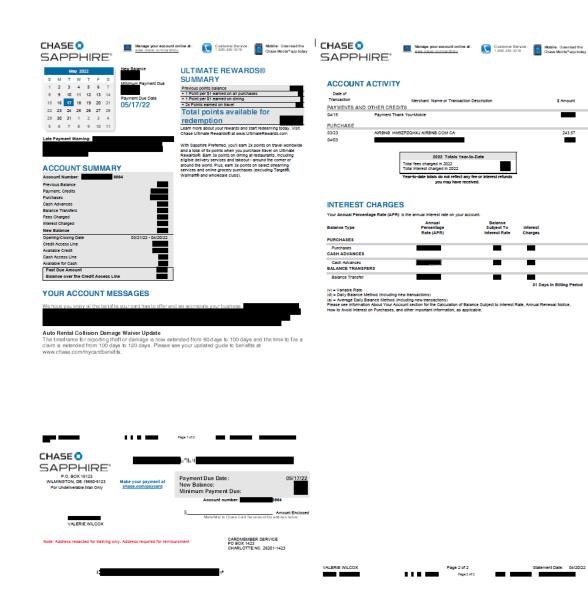
Proof of Payment: Copy of Card

- Only
 acceptable if
 last 4 digits
 of card
 number are
 pre-printed
 on receipt
- IF NOT: Black out first 12 digits



Statement Sample

- Must be copy of official statement to include employee's name preprinted on the statement
- Screenshots from mobile banking and pending charges do not contain sufficient information to prove payment



Statement Snip Sample

Close-up snip for training purposes:

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AND O	THER CREDITS	
04/15	Payment Thank You-Mobile	
PURCHASE		
03/23	AIRBNB HM9ZPZQHXJ AIRBNB.COM CA	243.57
04/03		

APPROVAL & CERTIFICATION

- Certification of accuracy of expense reports: By signing the travel reimbursement request, the traveler is certifying the accuracy of all of the information and the legitimacy of the travel. The signature of the traveler's supervisor certifies that he or she agrees that the travel was necessary, and the requested reimbursements are proper. All signatures must be original. No stamped signatures will be accepted. The reimbursement must be approved by the traveler's supervisor.
- Administrators may not approve their own travel reimbursements; **their immediate supervisor** must sign their travel voucher before they route it to the Department of Financial Accounting & Benefit Services for final review and approval.



Most Common Reasons for Delays

- Utilizing the wrong form rate
- Missing board approval date
- Incomplete addresses or dates
- Missing signatures
- Missing documentation

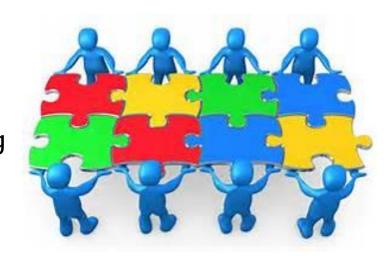




IMPLEMENTATION PLAN

✓ Several Trainings

- Central Office Roundtable
- Bookkeeper Roundtable
- District Leadership Meeting
- ✓ Principal's Newsletter
- ✓ Grant Budget Managers



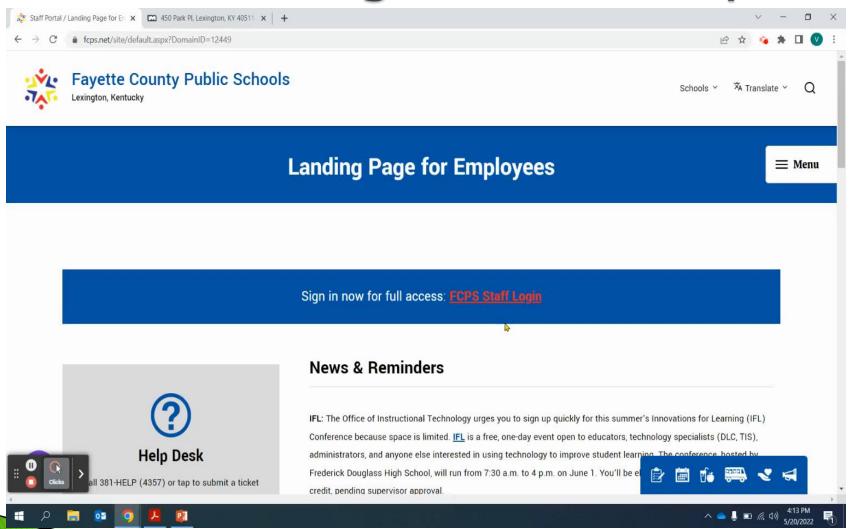
✓ Website access

- ✓ Policy Handbook:
- ✓ Forms:
- ✓ Required Online Training Certification

Travel Training Video Example

https://watch.screencastify.com/v/FhE6DEFx GRqFKGo5KXOD

Travel Training Video Example



NOTICE: Before submitting to AP for payment, ensure each item is included where applicable. Failure to submit the required documentation will cause the reimbursement to be returned <u>unpaid</u>.

For ALL requests:
Purchase order
All required signatures

For Mileage POs:

<u>Mileage form</u> (each month must be on a separate form)	
MapQuest shortest distance printout(s) for all non-FCPS l	locations

For Professional Leave Reimbursements:

_	
	Correct quarter's Request for Professional Leave Reimbursement Form
	Board approval date
	_Hotel receipt with \$0 balance (must be provided for all overnight stays)
	Proof of attendance
	_Applicable receipts (flight, hotel, transport, registration, baggage, etc.)
	MapQuest
	Proof of payment

If card is used: send copy of card used IF the card info is pre-printed on receipt. Redact first 12 digits of card. Otherwise, the redacted **official** bank statement must be provided. If check is used: send copy of cleared check. If cash is used: receipt is required.

For Non-Travel Reimbursements:

Non-Travel Reimbursement Form (justification must be provided)
_Receipt(s)
Proof of payment

If card is used: send copy of card used IF the card info is pre-printed on receipt. Redact first 12 digits of card. Otherwise, the redacted **official** bank statement must be provided. If check is used: send copy of cleared check. If cash is used: receipt is required.

Click <u>here</u> for Travel Handbook Click <u>here</u> for instructional video

I have read the Travel Handbook and watched the instructional video.

Employee initials: _____

If all required information is provided, reimbursement will be paid according to the AP Vendor Payment Schedule

Financial Accounting and Benefits Services reserves the right to and may disallow or reduce the amount of a claim that violates the provisions of this procedure, or may require written justification for amounts claimed by a traveler that are not deemed reasonable or allowable.

PROFESSIONAL LEAVE & TRAVEL HANDBOOK





TOP "10" TRAVEL RELATED RULES

- 1. **Prior Board Approval Rule**: All professional development leave that requires overnight stay must be prior approved by the school board, regardless of the rationale for the leave.
- Baggage Rule: The district will allow only one checked bag per person
- Reimbursement Rule: must be submitted minimum monthly or maximum quarterly.
- 4. **Rental Cars** must be prior approved and if conference at same location of hotel it is not allowed. (NOTE: only one tank of gas approved)
- 5. Valet Parking will only be allowed if no other option.

TOP "10" CONTINUED

- **6. Prudent Person Rule**: All Expenses related to PD travel must be considered reasonable, allocable, and allowable related to being an economical cost to the district. (Lodging and Flights as an example)
- **7. Certification Rule** By signing the travel reimbursement request, the traveler is certifying the accuracy of all of the information and the legitimacy of the travel.
- **8. 4 hour rule**: If a PD trip is less than 4 hours, the employee must drive. Any PD trip that is 4 hours or more. The employee may have an option to fly or drive with reimbursement limits if driving.
- **9.Mapquest Rule**: All mileage payments shall be based solely on address-to-address distances using MapQuest
- 10. Meals Options Low v/s High Rate Rule or Inflation Rule: FCPS recognizes every location outside of Kentucky and Kentucky's surrounding seven border states of West Virginia, Virginia, Tennessee, Missouri, Illinois, Indiana and Ohio as a high rate area. IF the traveler flies to a Kentucky border state, the high rate will be effective. Every location within Kentucky or the seven border states is considered low rate IF the employee is driving. Inflation rule is regardless of location and if meals served employees gets full amount per diem, per day for board approved dates

That's all Folks!



ANY QUESTIONS?

EMAIL: RODNEY.JACKSON@FAYETTE.KYSCHOOLS.US



