Employee Name Kim Whitney	Date Submitted 8 1 23	
School/Work Site LES SES		
Name of Meeting/Conference	int Instructional Coaching Conference	_
Date(s) of Meeting/Conference 10 14 - 10	Departure Time 3:10 Am Return Time 11:10 Pm	<u>\</u>
Place of Meeting/Conference	tiorida	
Rationale for Attendance	deretognent	
Expenses paid by: 🔲 SBDM 🖫 PD 🔲 Spec	Ed KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals  See policy on back*	Mileage Airfare Substitute Other Total Est. Expens \$0.46 per mile \$100 per day	es
\$775 \$448 \$120.	\$197.96 \$1540.9	16
	On it & Ti	
Principal Signature: Prior Superintendent Approval:	Grant/Admin: Required if Expenses are Paid by Grant Funds	1
Approved Not Approved	4/3/	2)
Reason	Superintendent Signature Date	2
Submit this section upon returning, include any	TRAVEL EXPENSE REIMBURSEMENT REQUES	T
original required receipts and signatures.		
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric		
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date  Other Expenses  Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date  Other Expenses  Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date  Other Expenses  Total	
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*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date of the date	
### Per Board Policy 03.125 and 03.225: "Out-of-Districe  Date # Miles Charge @ \$.46  Lo  \$.46  Lo  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of the ca	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date of the days of the	
### Per Board Policy 03.125 and 03.225: "Out-of-Districe  Date # Miles Charge @ Lo \$.46  Lo  Affidavit: I hereby certify that all expenses included in ti	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date of the days of the travel return date of the travel return	
### Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46 Lo  \$.46  Affidavit: I hereby certify that all expenses included in the temployee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date of the days of the travel return date of the travel return	
### Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46 Lo  \$.46  Affidavit: I hereby certify that all expenses included in the temployee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date of the days of the travel return date of the travel return	
### Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo  \$.46  Lo  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date of the Expenses Amount Explanation  Total  Total  Reimbursement Due  f official business; that they are proper County Board of Education; and that all of my knowledge.  Central Office Use:	

Employee Name De	mok Pe	rdue	Date	Submitted _	08/01/2023	
School/Work Site _ FS						
Name of Meeting/Confe	erence Jim	kright Inst	ivetiusal Co	raching	Conference	
Date(s) of Meeting/Con			Departi	ure Time	Return Tim	ne 11:10 pm
Place of Meeting/Confe						
Rationale for Attendance	e Profless,	and Develop	no-t		. 171	
Expenses paid by:	ISBDM ☐ PD	□ Spec Ed □ KI	TS 🖸 Other (N	NUST Specify	1)_10=	
Estimated Expenses:						
	See poli	leals Mile cy on back* \$0.46 pe	er mile	\$100	per day	Total Est. Expenses
\$775 \$448	3 \$124	0.00	\$197.	96		\$1540,96
Duin singl Cignothing			Grant/A	dmin:	Shell Smith	5
Principal Signature: Prior Superintendent Ap	proval:		GrandyAi	210	Required if Expenses are Pa	id by Grant Funds
\ Approved			4	Zh.L		8/2/2
Reason			rintendent Signa	ature		Date
Submit this section upo original required rec	ceipts and signate	ires, IRA			IMBURSEMEN <sup>*</sup>	
*** Per Board Policy 03.125	and 03.225: "Out-	of-District Travel Rein	nbursements MUST	be submitted	within thirty (30) days of the	travel return date.***
*** Per Board Policy 03.125  Date # Miles	Charge @ \$.46	of-District Travel Rein	nbursements MUST Meals	THE RESERVE THE PERSON NAMED IN	within thirty (30) days of the Other Expenses Explanation	e travel return date.***  Total
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
	Charge @		CELEBOOK STATE		Other Expenses	
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expenses	Total
Affidavit: I hereby certify themployee of Simpson Coun	Charge @ \$.46	Lodging  luded in the above state capacity of official bu	Meals  Itement were incursiness; that they are	Amount  red by an re proper	Explanation  Explanation	Total
Affidavit: I hereby certify th employee of Simpson Coun charges qualifying for reimb data furnished here within is	charge @ \$.46  \$.46  at all expenses including Schools in the coursement from the strue and correct to	Lodging  luded in the above staceapacity of official but a Simpson County Boa	Meals  Itement were incursiness; that they are of Education; and	Amount  red by an re proper and that all	Explanation  Explanation	Total
Affidavit: I hereby certify th employee of Simpson Coun charges qualifying for reimb data furnished here within is	charge @ \$.46  \$.46  at all expenses including Schools in the coursement from the strue and correct to	luded in the above stacepacity of official but a Simpson County Boat of the best of my know	Meals  Internent were incurrent siness; that they are an interest of Education; and interest of Education;	red by an re proper d that all	Explanation  Explanation  Reimbursement Due	Total
Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimb	charge @ \$.46  \$.46  at all expenses including Schools in the coursement from the strue and correct to	luded in the above stacepacity of official but a Simpson County Boat of the best of my know	Meals  Itement were incursiness; that they are of Education; and	red by an re proper d that all	Explanation  Explanation  Reimbursement Due	Total
Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reimbedata furnished here within is	charge @ \$.46  \$.46  at all expenses including Schools in the coursement from the strue and correct to	luded in the above stacepacity of official but a Simpson County Boat of the best of my know	Meals  Interment were incurred income siness; that they are a red of Education; and ledge.	red by an re proper d that all	Reimbursement Due	Total

Employee Name Stacy Vaugh	Date Submitted 8 1 2023
School/Work Site	
Name of Meeting/Conference Jim Knight	nt Instructional Coaching Conference
	- 18 Departure Time <u>3:00 am</u> Return Time <u>11:10 pr</u>
Place of Meeting/Conference Orlando	S C C C C C C C C C C C C C C C C C C C
Rationale for Attendance Profession	al Development
Expenses paid by: SBDM PD Spe	ec Ed I KETS I Other (MUST Specify) 1
Estimated Expenses:	
Registration Lodging Meals See policy on bac	Mileage Airfare Substitute Other Total Est. Expense k* \$0.46 per mile \$100 per day
\$775 \$448 \$120	\$ 197.96 \$ 1540.96
Dain single Cignottures	Grant/Admin: Shui And
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	9/3/23
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
	ict Travel Reimhursements MUST he submitted within thirty (30) days of the travel return date.
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	odging Mooks Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Odging Meals Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr  Date # Miles Charge @ \$.46	Odging Meals Amount Explanation Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr  Date # Miles Charge @ \$.46  L  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	Odging Meals Amount Explanation  Total  Amount Explanation  Total  Total  Reimbursement Due of official business; that they are proper
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr  Date # Miles Charge @ \$.46  L  Affidavit: I hereby certify that all expenses included in	Meals  Other Expenses Amount  Explanation  Total  the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
Pate # Miles Charge © \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the be	Meals  Amount  Explanation  Total  the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all st of my knowledge.  Central Office Use:
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribute Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the be	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all st of my knowledge.  8 1/2023  Other Expenses Explanation  Reimbursement Due  Central Office Use:
Pate # Miles Charge © \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the be	Meals  Amount  Explanation  Total  the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all st of my knowledge.  Central Office Use:
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribute Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the be	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all st of my knowledge.  8 1/2023  Other Expenses Explanation  Reimbursement Due  Central Office Use:

Employee Name Sam Northern	Date Submitted
School/Work Site $S                                   $	
Name of Meeting/Conference Tim Knight	Instructional Coaching PD
Date(s) of Meeting/Conference 0c+. 16-1	Instructional Coaching PD  3, 2023 Departure Time Och 16e Yan Return Time Och 18e 18
Place of Meeting/Conference	I Coaching PD at Orlando, Florida carning PD that focuses on instructional Coachin
Rationale for Attendance Teaching & L	earning () that focuses on instructional Coachin
Expenses paid by: SBDM PD Spec Ed	KETS Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back*  \$ 120	Mileage Substitute Other Total Est. Expense \$10.46 per mile \$100 per day
Principal Signature:	Grant/Admin:  Required if Expenses are Paid by Grant Funds  Superintendent Signature  Date
Submit this section upon returning, Include any original required receipts and signatures:	TRAVEL EXPENSE REIMBURSEMENT REQUEST
	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Total  Amount Explanation
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
**** Per Board Policy 03.125 and 03.225: "Out-of-District Tr  Date # Miles Charge @ Lodgi \$.46  Lodgi	Meals Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr  Date # Miles Charge @ Lodgi \$.46  Lodgi	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  Reimbursement Due  Central Office Use:
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr.  Date # Miles Charge @ \$.46  Lodgi \$.46  Affidavit: I hereby certify that all expenses included in the amployee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the Simpson Cou	Meals  Amount  Explanation  Total  Amount  Reimbursement Due  Reimbursement Due  Reimbursement Due  Reimbursement Due  Reimbursement Due  Reimbursement Due  Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr.  Date # Miles Charge @ \$.46  Lodgi \$.46  Affidavit: I hereby certify that all expenses included in the amployee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the Simpson Cou	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  Reimbursement Due  Central Office Use:

$O(1.1)$ $\Delta = E$	- 40	
Employee Name Shelinu Suntin	Date Submitted	
School/Work Site		
Name of Meeting/Conference Sw # 77	mble Conference	T.
Date(s) of Meeting/Conference 10-26-23 -	10 - 2720 23 Departure Time 6:00 am Return Time 6:	oopm
Place of Meeting/Conference		
Rationale for Attendance Aunual Con	ference	
Expenses paid by: SBDM PD Spec	Ed KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals  See policy on back	Mileage Airfare Substitute Other Total \$0.46 per mile \$100 per day	Est. Expenses
250 164.30 80	99.36 59	3.66
Driver and Signature:	Grant/Admin: Shuri Amath	
Principal Signature: Prior Superintendent Approval:	Regarded if Expenses are Paid by G	rant Funds
Approved Not Approved	= tank	8/3/3
Reason	Superintendent Signature	Date
		A SIT BUT DE
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT RI	
	the state of the state of within thirty (20) days of the trave	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric	Travel Reimbursements MUST be submitted within thirty (30) days of the trave	l return date.***
Charge @ Lo	Other Expenses  Joing Meals	Total
Charge @	Other Expenses	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Charge @ Lo	Other Expenses  Joing Meals	St. St.
Date # Miles Charge @ Lo	Amount Explanation  Amount Explanation	St. St.
Date # Miles Charge @ Lo \$.46  Lo  Affidavit: I hereby certify that all expenses included in the capacity of Simpson County Schools in the capacity of Simps	Amount Explanation  Amount Explanation  Reimbursement Due official business; that they are proper	St. St.
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Amount Explanation  Amount Explanation  Reimbursement Due  forficial business; that they are proper County Board of Education; and that all	St. St.
Date # Miles Charge @ Lo \$.46  Lo  Affidavit: I hereby certify that all expenses included in the capacity of Simpson County Schools in the capacity of Simps	Amount Explanation  Amount Explanation  Reimbursement Due  forficial business; that they are proper County Board of Education; and that all	St. St.
Date # Miles \$.46 Lo \$.46 Lo  Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	Amount Explanation  Amount Explanation  Reimbursement Due  forficial business; that they are proper County Board of Education; and that all	St. St.
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Meals  Amount  Explanation  Reimbursement Due  fofficial business; that they are proper County Board of Education; and that all of my knowledge.  Central Office Use:	St. St.

Employee Name Kim Whithle	Date Submitted 7/24/23
School/Work Site SES I) ES	* ,
Name of Meeting/Conference Scott Tr	imbre Conference
Date(s) of Meeting/Conference October	26-27 Departure Time 6:00 am Return Time 8:00 pm
Place of Meeting/Conference	e, Ky
Rationale for Attendance CIA term	Ed   KETS Other (MUST Specify) TQ
Expenses paid by:   SBDM PD Spec	Ed 🗆 KETS #Other (MUST Specify) 🔨
Estimated Expenses:	
Registration Lodging Meals	Mileage Airfare Substitute Other Total Est. Expenses \$0.46 per mile \$100 per day
See policy on back*	80.00 NA
Dain six of Circumstance	Grant/Admin: My Smith
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by GranyFunds
Approved Not Approved	8/3/23
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Charge @	Other Expenses
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Log	Ging Meals Other Expenses Total
Date # Miles Charge @ Loc \$.46  Loc Affidavit: I hereby certify that all expenses included in the	Meals Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due
Date # Miles Charge @ \$.46 Loc  \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Meals Amount Explanation  Total  Amount Explanation  Fe above statement were incurred by an official business; that they are proper
Date # Miles Charge @ Loc \$.46  Loc Affidavit: I hereby certify that all expenses included in the	Meals  Amount  Explanation  Total  a bove statement were incurred by an official business; that they are proper County Board of Education; and that all
Date # Miles \$.46 Loc \$.46 Loc  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	re above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge.  Other Expenses  Explanation  Reimbursement Due  Central Office Use:
Date # Miles \$.46 Loc \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	e above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge.  Other Expenses  Explanation  Reimbursement Due  Central Office Use:

Employee Name Sam Northern	Date Submit	tted 7/21/23
School/Work Site 585		
Name of Mosting/Conference Scott Trimble	e Workshop	
Date(s) of Meeting/Conference Det. 26-27	Departure Tim	ne 10/26 66 Return Time 10/27 6 69.
Place of Meeting/Conference Crown Plaza	Louisville Ex	po Center
Rationale for Attendance PD for TrL 7	éam	
Expenses paid by: SBDM PD Spec Ed C	☐ KETS ☐ Other (MUST S	pecify)
Estimated Expenses:		
Negistration == 5.6.18	<b>Vileage Airfare</b> 46 per mile	Substitute Other Total Est. Expenses
Principal Signature:		Mr. Sta
Principal Signature:  Prior Superintendent Approval:  Approved Not Approved	Grant/Admin: _	Required if Expenses are Paid by Grant Funds
	uperintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures.	RAVEL EXPENSE	REIMBURSEMENT REQUEST
Oliginal regulion issociation and		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Charge @	Reimbursements MUST be subn	nitted within thirty (30) days of the travel return date.*  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging \$.46  Lodging	Meals Amo	Other Expenses Ount Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	Meals Amo	Other Expenses Ount Explanation  Reimbursement Due
Pate # Miles Charge @ Lodging  S.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my kr	Meals Amo	Other Expenses Ount Explanation  Reimbursement Due
Pate # Miles Charge @ Lodging  S.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my known and the state of the second support of the s	Meals  Meals  Amo  Amo  Statement were incurred by are I business; that they are proper Board of Education; and that almowledge.  7/21/23	Other Expenses Ount Explanation  Reimbursement Due Central Office Use:
Pate # Miles Charge @ Lodging  S.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my kr	Meals Amo	Other Expenses Ount Explanation  Reimbursement Due

Employee Name Stacy Vaugho	Date Submitted
School/Work Site Franklin EL	
Name of Meeting/Conference Scott	10/24 Conference 10/24 bam Return Time 6:30p
Date(s) of Meeting/Conference Oct. 2	Departure Time Cam Return Time 6:30 p
Place of Meeting/Conference	
	Assessment + Accountability
Expenses paid by: 🗆 SBDM 🗓 PD 🗆	Spec Ed
Estimated Expenses:	
Registration Lodging Mea See policy o	
Principal Signature: Prior Superintendent Approval:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Approved Not Approved	7/201-
Reason	Superintendent signature Date
Submit this section upon returning, include original required receipts and signature	IKAVEL EXPENSE REIIVIBURSEIVIEN I REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-	istrict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.
	Other Expenses
Date # Miles Charge @ \$.46	Lodging Meals Other Expenses Total Amount Explanation
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @	Lodging Meals Other Expenses Total
Date # Miles Charge @ \$.46	Lodging Meals Amount Explanation Total  Amount Explanation  Total
Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa	Lodging Meals Amount Explanation  Total  Amount Explanation  Total  Ain the above statement were incurred by an city of official business; that they are proper
Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses include	Lodging Meals Amount Explanation  Total  Amount Explanation  Total  In the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all
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