

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Estimated Expenses:

Principal Signature: _____ Grant/Admin: Shelia Smith
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 8/3/23

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.***

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Derrick Perdue Date Submitted 08/01/2023
 School/Work Site FSMS
 Name of Meeting/Conference Jim Knight Instructional Coaching Conference
 Date(s) of Meeting/Conference Oct 16th - 18th Departure Time 3:00 am Return Time 11:10 pm
 Place of Meeting/Conference Orlando FL
 Rationale for Attendance Professional Development
 Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$775	\$448	\$120.00		\$197.96			\$1540.96

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/3/23

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 @ \$.46	Lodging	Meals	Other Expenses Amount Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

[Signature] 08/01/2023
 Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stacy Vaughn Date Submitted 8/1/2023
 School/Work Site FES
 Name of Meeting/Conference Jim Knight Instructional Coaching Conference
 Date(s) of Meeting/Conference Oct 16-18 Departure Time 3:00 am Return Time 11:10 pm
 Place of Meeting/Conference Orlando, Florida
 Rationale for Attendance Professional Development
 Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$775	\$448	\$120		\$197.96			\$1540.96

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/3/23

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 @ \$.46	Lodging	Meals	Other Expenses Amount Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Stacy Vaughn 8/1/2023
 Employee Signature Date

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Northern Date Submitted 8/1/2023

School/Work Site SES/LES

Name of Meeting/Conference Jim Knight Instructional Coaching PD

Date(s) of Meeting/Conference Oct. 16-18, 2023 Departure Time Oct 16 @ 4am Return Time Oct. 18 @ 1pm

Place of Meeting/Conference Instructional Coaching PD at Orlando, Florida

Rationale for Attendance Teaching & Learning ID that focuses on instructional coaching

Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Registration	Lodging	Meals See policy on back*	Mileage \$.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$ 775	\$ 448	\$ 120		197.96			\$ 1540.96

Principal Signature: _____ Grant/Admin: *[Signature]*

Prior Superintendent Approval: 12/1 Required if Expenses are Paid by Grant Funds

☒ Approved
 ☐ Not Approved...
 
8/3/23

Reason _____ Superintendent Signature _____ Date _____

Submit this section upon returning. Include any original required receipts and signatures.


*** 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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an **Reimbursement Due**

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

data furnished here within is true and correct to the best of my knowledge.

 8/1/2023

Employee Signature Date

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shelina Smith Date Submitted 7-13-2023
School/Work Site C/O
Name of Meeting/Conference Scott Trimble Conference
Date(s) of Meeting/Conference 10-26-23 - 10-27-2023 Departure Time 6:00 am Return Time 6:00 pm
Place of Meeting/Conference Crowne Plaza Louisville Airport
Rationale for Attendance Annual Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TR

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
<u>250.-</u>	<u>164.30</u>	<u>80.-</u>	<u>99.36</u>				<u>593.66</u>

Principal Signature: _____ Grant/Admin: Shelina Smith
Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/3/23
Reimbursement if Expenses are Paid by Grant Funds

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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Reimbursement Due

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kim Whitney Date Submitted 7/24/23
School/Work Site SES/LES
Name of Meeting/Conference Scott Trimble Conference
Date(s) of Meeting/Conference October 26-27 Departure Time 6:00am Return Time 8:00pm
Place of Meeting/Conference Louisville, Ky
Rationale for Attendance CIA team attending - awareness of current assessment
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TQ

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			80.00		NA		

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant/Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/3/23

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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Northern Date Submitted 7/21/23
School/Work Site SES
Name of Meeting/Conference Scott Trimble Workshop
Date(s) of Meeting/Conference Oct. 26-27 Departure Time 10/26 @ 6am Return Time 10/27 @ 6pm
Place of Meeting/Conference Crown Plaza Louisville Expo Center
Rationale for Attendance PD for TrL Team
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>\$225</u>		<u>\$80</u>					

Paid for by shelia
Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason: _____ Superintendent Signature [Signature] Date 7/25/23

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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

[Signature] 7/21/23
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stacy Vaughn Date Submitted 7/22/23
School/Work Site Franklin EL
Name of Meeting/Conference Scott Trimble Conference
Date(s) of Meeting/Conference Oct. 26-27 Departure Time 10/26 6am Return Time 10/27 6:30p
Place of Meeting/Conference Crown Plaza Expo Center
Rationale for Attendance Update on Assessment + Accountability
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$100					

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/25/23

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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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature [Signature] Date 7/22/23

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval