

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 Maria Molina Date Submitted 7-5-2023  
School/Work Site District  
Name of Meeting/Conference School-Based Interpretation Training  
Date(s) of Meeting/Conference 7-10 - 7-12, 2023 Departure Time 7:00 Return Time 4:00  
Place of Meeting/Conference GRREC, Bob Kirby Library  
Rationale for Attendance Interpretation Training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) EL

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>50.1</u>	<u>0</u>	<u>0</u>	<u>55.20</u>				<u>105.20</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [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 @ \$.46	Lodging	Meals	Other Expenses Amount Explanation	Total
<u>7/10/23</u>	<u>40</u>	<u>\$18.40</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>\$18.40</u>
<u>7/11/23</u>	<u>40</u>	<u>\$18.40</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>\$18.40</u>
<u>7/12/23</u>	<u>40</u>	<u>\$18.40</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>\$18.40</u>

Reimbursement Due \$55.20

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 Maria Molina Date 7/28/23  
Supervisor Signature [Signature] Date 7/29/23

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 Holly Williams Date Submitted 8-30-23  
School/Work Site FES  
Name of Meeting/Conference \_\_\_\_\_  
Date(s) of Meeting/Conference \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference \_\_\_\_\_  
Rationale for Attendance Home visits - a requirement for preschool  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 135J

## Estimated Expenses:

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

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/11/23

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
8-23	15	6.90				6.90
8-24	5	2.30				2.30
8-25	20	9.20				9.20
8-28	15	6.90				6.90

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 25.30

Employee Signature [Signature] Date 8-30-23  
Supervisor Signature [Signature] Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval



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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jessica Lester Date Submitted 8/29/2023  
School/Work Site Franklin Elementary Preschool  
Name of Meeting/Conference Home visits for incoming Preschoolers  
Date(s) of Meeting/Conference 8/23-8/29 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference Home Visits in Franklin Ky  
Rationale for Attendance Mandatory beginning of year preschool home visits  
Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) PK Grant

## Estimated Expenses:

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

Principal Signature: [Signature] Grant/Admin: Kelley Baker  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/29/23

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	
8/23/23	31.1	14.31					
8/24/23	13.4	6.16					
8/25/23	6.8	3.13					
8/28/23	25.5	11.73					
8/29/23	7.4	3.40					

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 38.73

Employee Signature [Signature] Date \_\_\_\_\_  
Supervisor Signature [Signature] Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jamie Creasey Date Submitted 8/25/23  
 School/Work Site FES  
 Name of Meeting/Conference Home Visits  
 Date(s) of Meeting/Conference 8/23-8/25 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference \_\_\_\_\_  
 Rationale for Attendance \_\_\_\_\_

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) Preschool grant

## Estimated Expenses:

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

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/20/23

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
8/23	13.1	6.02	—	—	—	6.02
8/24	4.4	2.02	—	—	—	2.02
8/25	11.6	5.37	—	—	—	5.37

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 \$13.41

Employee Signature [Signature] Date \_\_\_\_\_  
 Supervisor Signature [Signature] Date \_\_\_\_\_

Central Office Use:

Coding \_\_\_\_\_

CFO Approval \_\_\_\_\_

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name See Evans Date Submitted 8/10/23  
 School/Work Site FSA  
 Name of Meeting/Conference Ky State Fair  
 Date(s) of Meeting/Conference 8/15 + 8/27 Departure Time 7:00 AM Return Time 1:00 PM  
 Place of Meeting/Conference Ky State Fair Grounds  
 Rationale for Attendance Exhibits of students  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) CTE

### Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>40</u>	<u>—</u>				<u>40</u>

Principal Signature: [Signature] Grant/Admin: [Signature]  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/11/23

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.

Reimbursement Due

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name SEARS Date Submitted 8/10/23  
 School/Work Site FSA  
 Name of Meeting/Conference Ky State Fair  
 Date(s) of Meeting/Conference 8/16-18/23 Departure Time 3:30pm Return Time 6:00pm  
 Place of Meeting/Conference Ky State Fair Grounds  
 Rationale for Attendance student achievement  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) CTE

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	280	100	—		200	—	580

Principal Signature: \_\_\_\_\_

Grant/Admin: \_\_\_\_\_

Prior Superintendent Approval: \_\_\_\_\_

Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...

Reason \_\_\_\_\_

JSHL  
Superintendent Signature

8/11/23  
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 @ \$.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.

Reimbursement Due

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Central Office Use:

Coding \_\_\_\_\_

CFO Approval \_\_\_\_\_

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Superintendent for **PRIOR APPROVAL**  
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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Abigail Phillips Date Submitted 8-10-23  
School/Work Site FSHS  
Name of Meeting/Conference KY State Fair  
Date(s) of Meeting/Conference 8/17-8/18 Departure Time 3:30PM Return Time 6:00PM  
Place of Meeting/Conference KY state Fair Grounds  
Rationale for Attendance student achievement  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) CTE

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	<u>140</u>	<u>60</u>	<u>—</u>		<u>100</u>	<u>—</u>	<u>300</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved... 8/11/23  
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 @ \$.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.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval



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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/15/23  
School/Work Site FSMS  
Name of Meeting/Conference EPSB Meeting - August 21, 2023  
Date(s) of Meeting/Conference August 21, 2023 Departure Time Sunday, 8/20/23 5:00pm Return Time Monday, 8/21/23 5:00pm  
Place of Meeting/Conference Kentucky Department of Education, Frankfort, KY 40601  
Rationale for Attendance I Chair the Educational Professional Standards Board  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) EPSB

Estimated Expenses:

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

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
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 @ \$.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.

Reimbursement Due

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

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Complete ALL items on top half of form.  
Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Dyer Date Submitted 8/25/23  
School/Work Site FSHS - West Campus  
Name of Meeting/Conference ARC Chairperson Training  
Date(s) of Meeting/Conference 8/28/23 Departure Time \_\_\_\_\_ Return Time 3:30  
Place of Meeting/Conference GRREC  
Rationale for Attendance ARC Chairperson Training  
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
			30.36				30.36

Principal Signature: \_\_\_\_\_ Grant/Admin: SPEC Kelly Baker  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature JSB Date 8/23/23

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.

Reimbursement Due

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
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Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Amanda Bills Date Submitted 7/17/23  
School/Work Site FSHS  
Name of Meeting/Conference Section 504: All the things you need to know  
Date(s) of Meeting/Conference 8/30/23 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Place of Meeting/Conference GR REC - B6  
Rationale for Attendance Section 504 chairperson training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Approved by Kelly Baker

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$100			\$29.44				\$129.44

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
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 @ \$.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.

Reimbursement Due

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blane Date Submitted 8/23/23  
 School/Work Site FSNS  
 Name of Meeting/Conference Missing Children  
 Date(s) of Meeting/Conference 9/16/23 Departure Time 12 noon Return Time 6:45  
 Place of Meeting/Conference Expo Center 937 Phillips Ln Louisville Ky 40209  
 Rationale for Attendance FEYSC Training  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSNS yccc.  
**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>/</u>	<u>X</u>	<u>X</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

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

## 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.\*\*\***

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 Constance Blane Date 8/23/23  
 Supervisor Signature [Signature] Date \_\_\_\_\_

Central Office Use:

Coding \_\_\_\_\_

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# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Emily Satterly Date Submitted 9/11/2023  
School/Work Site FSMS  
Name of Meeting/Conference Initial Certified Evaluation Training  
Date(s) of Meeting/Conference 9/12/23 & 9/13/23 Departure Time 7:30 Return Time 3:30  
Place of Meeting/Conference GPREC  
Rationale for Attendance Needed for New Position - Will give time back to district  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) N/A

## Estimated Expenses:

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

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 9/11/23

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.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval



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Complete All Items on top half of form.  
Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS

## OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sheena Searcy Date Submitted 8/17/23  
School/Work Site FSHS  
Name of Meeting/Conference KY FBLA Board of Directors Meeting  
Date(s) of Meeting/Conference 9/13/23 Departure Time 3PM 9/12 Return Time 5PM 9/14  
Place of Meeting/Conference Fairfield Inn Louisville  
Rationale for Attendance \_\_\_\_\_  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) KY FBLA

### Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	School van	—	—	—	0

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature JSH Date 8/18/23

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.

Employee Signature Sheena Searcy 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 Jonathan Daniel King Date Submitted 08-17-23  
School/Work Site FS#5  
Name of Meeting/Conference KAAC  
Date(s) of Meeting/Conference 09/14-09/15 Departure Time 3:30 pm Return Time 3:00 pm  
Place of Meeting/Conference Galt House in Louisville Kentucky  
Rationale for Attendance Certification for coaching Academic 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>160.00</u>	<u>159.00</u>	<u>40.00</u>	<u>124.57</u>		<u>100</u>		<u>583.57</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: Academic Team  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature JSH Date 8/23/23

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.

Reimbursement Due

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 Sheena Searcy Date Submitted 8/17/23  
School/Work Site FSHS  
Name of Meeting/Conference KY FBIA New Adviser Training  
Date(s) of Meeting/Conference 9/18/23 Departure Time 9/17 pm Return Time 9/18 7pm  
Place of Meeting/Conference Elizabethtown  
Rationale for Attendance Lead training for all new advisers statewide.  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Ky FBIA

### Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	<u>School van</u>	—	—	—	0

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/18/23

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 Sheena Searcy Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding \_\_\_\_\_

CFO Approval \_\_\_\_\_

Employee Name Constance Blanc Date Submitted 8-17-23  
School/Work Site CSMS  
Name of Meeting/Conference Symposium for Opioid Crisis  
Date(s) of Meeting/Conference 9-18-23 Departure Time 7am Return Time 4pm  
Place of Meeting/Conference Bowling Green Ky @ National Court Inst  
Rationale for Attendance IRySC training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) YBC  
Estimated Expenses:

Registration	Lodging	Meals <i>See policy on limit</i>	Mileage <i>\$0.46 per mile</i>	Airfare	Substitute <i>\$100 per day</i>	Other	Total Est. Expenses
—	—	—	—	—	—	—	—

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval:  
☒ Approved ☐ Not Approved...  
Reason \_\_\_\_\_  
\_\_\_\_\_ 8/23/23  
Superintendent Signature Date

\*\*\* 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.\*\*\*

[illegible]

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: Constance B Date: 8-17-23

Supervisor Signature: Yvonne Batten Date: 8-17-23

### Reimbursement Due

**Central Office Use:**

### Coding

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 Lucinda Eversman Date Submitted 8/23/23  
School/Work Site Franklin & Lincoln Elem.  
Name of Meeting/Conference FRYSC Regional Meeting  
Date(s) of Meeting/Conference 9/20/23 Departure Time 8:15am Return Time 1:15pm  
Place of Meeting/Conference Crossland Community Church BG, Ky  
Rationale for Attendance Required regional meeting  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC

## Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			53.2mi				\$53.60

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

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.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval