10	7-5-7023
Employee NameDate Submitted	
School/Work Site	harris and
Name of Meeting/Conference School-Based Introduction 1	7:22
Name of Meeting/Conference School-Based Introduction 7 Date(s) of Meeting/Conference 7-10 - 7-12, 223 Departure Time	Return Time 1-00
Place of Meeting/Conference GRREC, Boto Kirty Cobrary	
Rationale for Attendance Into pvc tatto a Marring	<i>r</i> 1
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	ify) _ E
Estimated Expenses:	
Registration Longing Wears	bstitute Other Total Est. Expenses 00 per day
50. 8 8 55.20	(05.20
Grant/Admin	Xher my &
Principal 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 R	FIMBURSEMENT REQUEST
	क्रिक के के के कि क्रिया करता के क्रिया कर कर कर कर के प्राप्त कर
	ed within thirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles \$.46 Lodging Meals Amoun	od within thirty (30) days of the travel return date.*** Other Expenses Total
Date # Miles Charge @ Lodging Meals Amoun	ed within thirty (30) days of the travel return date.*** Other Expenses Total
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Employee Name HO School/Work Site FF Name of Meeting/Conferen					
Date(s) of Meeting/Conference	ence	Depart	ure Time	Return Time	
Place of Meeting/Conferen					
Rationale for Attendance	Home visit	s - a requirement	nt for f	oneschool	
Expenses paid by:	BDM 🗆 PD 🗀 Spec	Ed KETS Other (N	MUST Specify	1)1350	
Estimated Expenses:					
Registration Lodging Principal Signature:	See policy on back*	Mileage Airfai \$0.46 per mile		per day	otal Est. Expenses
Prior Superintendent Appro	oval:	1	/ /	Required if Expenses are Paid	by Grant Funds
Approved Not					8/W/23
Reason		Superintendent Sign	ature		Date
Submit this section upon re original required receip		TRAVEL EXPE	NSE RE	IMBURSEMENT	REQUEST
*** Per Board Policy 03.125 and	03.225: "Out-of-District	Travel Reimbursements MUST	Γ be submitted	within thirty (30) days of the t	
*** Per Board Policy 03.125 and Date # Miles	d 03.225: "Out-of-District	Gravel Reimbursements MUST	Γ be submitted		
유명하였지 (목했지)	Charge @ Lod		Γ be submitted	within thirty (30) days of the t	ravel return date.*** Total
유명하였지 (목했지)	Charge @ Lod \$.46 Lod		Γ be submitted	within thirty (30) days of the t	Total
Date # Miles 8-23 5 8-24 5	Charge @ Lod \$.46 Lod		Γ be submitted	within thirty (30) days of the t	Total 6,90 2,30
P-23 5 8-24 5 8-25 20	Charge @ Lod \$.46 Lod		Γ be submitted	within thirty (30) days of the t	Total
Date # Miles 8-23 5 8-24 5	Charge @ Lod \$.46 Lod		Γ be submitted	within thirty (30) days of the t	Total 6,90 2,30
P-23 5 8-24 5 8-25 20	Charge @ Lod \$.46 Lod		Γ be submitted	within thirty (30) days of the t	Total 6,90 2,30
P-23 5 8-24 5 8-25 20	Charge @ Lod \$.46 Lod		Γ be submitted	within thirty (30) days of the t	Total 6,90 2,30
P-23 5 8-24 5 8-25 20 8-28 5	Charge @ Lod \$.46 Lod Q. 90 2.30 9.20 6.90	ging Meals	Amount	within thirty (30) days of the t	Total 6,90 2,30 9,20 6,90
P-23 5 8-24 5 8-25 20	Charge @ \$.46 Lod \$.4	e above statement were incur official business; that they a County Board of Education; ar	Amount red by an re proper and that all	within thirty (30) days of the to Dither Expenses Explanation	Total 6,90 2,30
Pate # Miles 8-23 5 8-24 5 8-25 20 8-28 15 Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse data furnished here within is true. Holly 9	Charge @ \$.46 Lod \$.4	e above statement were incur official business; that they a County Board of Education; and my knowledge.	red by an re proper and that all	Reimbursement Due	Total 6,90 2,30 9,20 6,90
Pate # Miles R-23 5 R-24 5 R-25 20 R-28 15 Affidavit: I hereby certify that al employee of Simpson County Scharges qualifying for reimburse	Charge @ \$.46 Lod \$.4	e above statement were incur official business; that they a County Board of Education; ar	red by an re proper and that all	Within thirty (30) days of the to Dither Expenses Explanation Reimbursement Due	Total 6,90 2,30 9,20 6,90

Employee Name <u>Jessica</u> Lester	Date Submitt	200 ed $8/29/2025$)
School/Work Site Franklin Elementary Presi	chool	/ '	
Name of Meeting/Conference Homevisits for		res Choolers	
Date(s) of Meeting/Conference $8/23 - 8/29$	Departure Time	eReturn Time	e
Place of Meeting/Conference Home Visits in			1 1
Rationale for Attendance Mandatory begin	raine of y	or preschoo	I have worth
Expenses paid by: SBDM PD Spec Ed KET	S Other (MUST Spe	ecify) PK Grant	
Estimated Expenses:			
Registration Lodging Meals Mileag			otal Est. Expenses
See policy on back* \$0.46 per r	mile	\$100 per day	
Principal Signature:		1 may Cha Ma	
Principal Signature:	Grant/Admin	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	4		0/22/22
	ntendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	VEL EXPENSE F	REIMBURSEMENT	REQUEST
*** Per Roard Policy 03 125 and 03 225: "Out-of-District Travel Reimby	reamente MUST he culmit	ted within thirty (30) days of the	travel return date ***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbu	W. 1887 Proj. 1997 Proj.	ted within thirty (30) days of the to	
	Meals Amou	Other Expenses	travel return date.*** Total
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging \$.46 Lodging \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Meals	Other Expenses	
Date # Miles Charge @ Lodging \$.46 Lodging \$.46 Lodging \$.46 Lodging \$.46 Lodging \$.46 Lodging \$.45 Lodging \$.45 Lodging \$.45 Lodging \$.45 Lodging \$.45 Lodging \$.46 Lodging \$	Meals	Other Expenses	
Date # Miles Charge @ Lodging 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	Meals	Other Expenses	
Date # Miles Charge @ \$.46 Lodging 8/33/33 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	Meals	Other Expenses	
Date # Miles Charge @ Lodging 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	Meals	Other Expenses	
Date # Miles Charge @ \$.46 Lodging 8/33/33 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	Meals Amou	Other Expenses nt Explanation	Total
# Miles Charge @ \$.46 Lodging 8/33/33 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 6/29/23 7.4 3.40 Affidavit: I hereby certify that all expenses included in the above statement of the	Meals Amou	Other Expenses	
Date # Miles Charge @ \$.46 Lodging 8/33/33 31,1 14.31 8/24/23 13.4 6.16 8/25/23 6.8 3.13 8/24/23 25.5 11,73 8/24/23 7,4 3.40 Affidavit: I hereby certify that all expenses included in the above states	Meals Amou ment were incurred by an ess; that they are proper of Education; and that all	Other Expenses nt Explanation Reimbursement Due	Total
B/3/3 3 1 14.31 8/3/3 31 14.31 8/3/3 33.4 6.16 8/3/3 25.5 11.73 6/29/23 7, 4 3, 40 Affidavit: I hereby certify that all expenses included in the above statement of the simpson County Schools in the capacity of official business charges qualifying for reimbursement from the Simpson County Board of the sim	Meals Amou ment were incurred by an ess; that they are proper of Education; and that all	Other Expenses nt Explanation	Total
B/3/3 3 1 14.31 8/3/3 31 14.31 8/3/3 33.4 6.16 8/3/3 25.5 11.73 6/29/23 7, 4 3, 40 Affidavit: I hereby certify that all expenses included in the above statement of the simpson County Schools in the capacity of official business charges qualifying for reimbursement from the Simpson County Board of the sim	Meals Amou ment were incurred by an ess; that they are proper of Education; and that all	Other Expenses nt Explanation Reimbursement Due	Total
Date # Miles Charge @ \$.46 Lodging 8/33/33 31.1 14.31 8/34/33 13.4 6.16 8/25/33 6.8 3.13 8/38/33 25.5 11.73 6/29/23 7.4 3.40 Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business charges qualifying for reimbursement from the Simpson County Board data furnished here within is true and correct to the best of my knowledges.	ment were incurred by an ess; that they are proper of Education; and that all ge.	Other Expenses nt Explanation Reimbursement Due Central Office Use:	Total

Employee Name Jamie Creasey	Date Submitted	9 25 28	_
School/Work Site			
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		Descharge	
Expenses paid by: SBDM PD Spec Ed KET	S Other (MUST Speci	fv) Preschool grant	_
Estimated Expenses:			
Registration Lodging Meals Mileage See policy on back* S0.46 per	mile \$10	bstitute Other Total Est. Expens. Oper day	es
Principal Signature: Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are Paid by Grant Funds	
Approved Not Approved	+5/1	8/20/23	
	ntendent Signature	Date	
Offiginal required receipts and signatures.		EIMBURSEMENT REQUES	T
	A STATE OF THE PARTY AND ADDRESS OF THE PARTY	a contract in a later (20) along a fact and a contract in the	***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb	10 A	Other Expenses	.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Date # Miles Charge @ Lodging \$.46	ursements MUST be submitte Meals Amount	Other Expenses Total	
Date # Miles Charge @ Lodging	Meals	Other Expenses Total	
Date # Miles Charge @ Lodging \$.46 Lodging	Meals	Other Expenses Total Explanation	
Date # Miles Charge @ \$.46 Lodging 8 23 13.1 \$\text{\$Q\$}.02 \$\text{\$D\$} 8 24 4.4 2.02 \$\text{\$Q\$}	Meals	Other Expenses Explanation Up. 02 202	
Date # Miles Charge @ Lodging \$.46 Lodging	Meals	Other Expenses Explanation Up. 02	
Date # Miles Charge @ \$.46 Lodging 8 23 13.1 \$\text{\$Q\$}.02 \$\text{\$D\$} 8 24 4.4 2.02 \$\text{\$Q\$}	Meals	Other Expenses Explanation Up. 02 202	
Date # Miles Charge @ \$.46 Lodging 8 23 13.1 \$\text{\$Q\$}.02 \$\text{\$D\$} 8 24 4.4 2.02 \$\text{\$Q\$}	Meals	Other Expenses Explanation Up. 02 202	
Date # Miles Charge @ \$.46 Lodging 8 23 13.1 \$\text{\$Q\$}.02 \$\text{\$D\$} 8 24 4.4 2.02 \$\text{\$Q\$}	Meals	Other Expenses Explanation Up. 02 202	
Date # Miles Charge @ \$.46 Lodging 8 23 13.1 \$\text{\$Q\$}.02 \$\text{\$D\$} 8 24 4.4 2.02 \$\text{\$Q\$}	Meals	Other Explanation	
Date # Miles Charge @ \$.46 Lodging 8 23 13.1 \$\text{\$Q\$}.02 \$\text{\$D\$} 8 24 4.4 2.02 \$\text{\$Q\$}	Meals Amount	Other Expenses Explanation Up. 02 202	
Date # Miles Charge @ Lodging \$.46 8 23 13. 4.02	Meals Amount	Other Expenses Total Explanation 4.02 202 5.37 Reimbursement Due \$13.41	
Date # Miles Charge @ Lodging \$.46 8 23 13. 4.02	Meals Amount	Other Explanation	
Affidavit: I hereby certify that all expenses included in the above state employee of Simpson County Schools in the capacity of official busin charges qualifying for reimbursement from the Simpson County Board data furnished here within is true and correct to the best of my knowled.	ement were incurred by an ness; that they are proper I of Education; and that all dge.	Central Office Use:	
Date # Miles Charge @ Lodging \$.46 8 23 13. 4.02	Meals Amount	Other Expenses Total Explanation 4.02 202 5.37 Reimbursement Due \$13.41	

Employee Name 5	Evans		Date	e Submitted	8/10/23	
School/Work Site F-5	6 A S				V 15	
Name of Meeting/Conference	ence Ky	State F	air			
Name of Meeting/Conference Date(s) of Meeting/Confe	rence <u>8/15</u>	+ 8/2	7Depart	ture Time _	7:00 AMReturn	Time /:00 PA
Place of Meeting/Confere	nce Ky	State	Fuil 6	fround	5	
Rationale for Attendance	Exhib	its of	Student	5		
Expenses paid by:	BDM □ PD	□ Spec Ed □ K	ETS Other (MUST Speci	fy) CTE	
Estimated Expenses:						
Registration Lodgii	ng Me See policy				bstitute Other 30 per day	Total Est. Expenses
	1/-				•	
Principal Signature: Prior Superintendent App			Grant/A	Admin:	Required if Expenses are	e Paid by Grant Funds
ApprovedNo			1	-Sh		0/11/12
Reason		Sune	erintendent Sigr	nature		Date
Submit this section upon original required recei			AVEL EXP	ENSE RI	EIMBURSEME	NT REQUEST
			mbursements MUS	T be submitte	d within thirty (30) days o	f the travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @		nbursements MUS Meals		Other Expenses	f the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei		T be submitte Amount	Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei			Other Expenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rein Lodging	Meals	Amount	Other Expenses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County	charge @ \$.46 \$.46	Lodging Lodging ded in the above sta	Meals atement were incusiness; that they a	Amount	Other Expenses	Total
*** Per Board Policy 03.125 a	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official businesses	Meals atement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Other Expenses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is tree.	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official businesses	Meals atement were incusiness; that they are of Education; a wledge.	Amount rred by an are proper nd that all	Reimbursement I	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official businesses	Meals atement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Other Expenses Explanation Reimbursement	Total

Superintendent for PRIOR APPROVAL.

Complete ALL items on top half of form.

Attach Meeting Registration Form

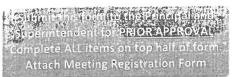
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Additional and a second and a second						011	
Employee Name 5			Dat	e Submitte	ed	8/10/23	
School/Work Site FSA	4.5					-	
Name of Meeting/Conference	ce <u> Ky</u>	5 fag	te Fu	<u>: </u>			('00
Name of Meeting/Conference Date(s) of Meeting/Conference	nce <u>8/16</u>	18/a	<u>3</u> Depar	ture Time		30pmReturn Time	e_6.00/
Place of Meeting/Conference Rationale for Attendance Expenses paid by:	e Ky 57	ate f	Fair 6	1000	ds		
Rationale for Attendance	Student	ach:	man t			CTE	
Expenses paid by:	M □ PD □ Spe	ec Ed	TS Other (MUST Spe	city)		
Estimated Expenses:							otal Est. Expenses
Registration Lodging	Meals See policy on back	Mile k* \$0.46 pe	r mile		Substitu 3100 per d 2 OC	ay	580
Principal Signature: Prior Superintendent Approv Approved Not A Reason	Approved	Supe	Grant//	Admin:	Requ	uired if Expenses are Paid	by Grant Funds // 1 /3 Date
original required receipts *** Per Board Policy 03.125 and 0 Date # Miles	03.225: "Out-of-Distri				t ed withi Other	BURSEMENT in thirty (30) days of the Expenses Explanation	
			-				
				2			
			1.50			· · · · · · · · · · · · · · · · · · ·	
					-		
×					D.	eimbursement Due	
Affidavit: I hereby certify that all e employee of Simpson County Sch	hoole in the capacity	of official pus	iness; that they	are proper	N	eninda sement bac	
charges qualifying for reimbursendata furnished here within is true	nent from the Simpso	in County Boai	to of Education, a	nd that all	Centr	al Office Use:	
Employee Signature			Date		Codin	g	

Support this form to the Principal and Support the tention PRIOR APPROVAL. Complete ALL Items on top half of form. Attach Meeling Registration form

Employee Name A	igail Ph	iVips	Date	Submitted	8-1	0-23	
School/Work Site	HS	11114					
Name of Meeting/Conf	erence KY S	tate Fa	ir				
Date(s) of Meeting/Con	ference 8/17	-8/18	Depart	ure Time	3:30	MReturn Tin	ne (0:00PV
Place of Meeting/Confe	rence KY S	tate F	air frou	ınds			
Rationale for Attendand	ce studen	at achi	evemen:	-			`
Expenses paid by:	SBDM DPD	☐ Spec Ed ☐	KETS DOther (N	MUST Spec	ify)	CIE	
Estimated Expenses:							
Registration Loc	00		lleage Airfai per mile		i bstitute 00 per day	Other	Total Est. Expenses
14				1	00	_	300
Principal Signature: Prior Superintendent A Approved Reason	/ /	Su	Grant/A	L	Require	d if Expenses are Pa	S/µ/c3 Date
and of the state o		K+7				JRSEMEN [*]	
*** Per Board Policy 03.12 Date # Miles	Charge @	of-District Travel Ro Lodging			Other Exp	nirty (30) days of the penses Explanation	
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	eimbursements MUS1	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	eimbursements MUS1	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	eimbursements MUS1	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	eimbursements MUS1	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	eimbursements MUS1	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	Meals	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12	5 and 03.225: "Out-o	of-District Travel Re	Meals	T be submitte	Other Exp	oenses	e travel return date.***
*** Per Board Policy 03.12 Date # Miles	5 and 03.225: "Out-o	of-District Travel Ro Lodging	Meals .	Amount	Other Exp	oenses	Total
*** Per Board Policy 03.12	Charge @ \$.46 Share all expenses including Schools in the coursement from the	Lodging Lodging Loded in the above apacity of official Simpson County B	Meals Meals Statement were incur business; that they a loard of Education; ar	Amount Amount	Rein	enses Explanation	Total
Date # Miles Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reim	Charge @ \$.46 Share all expenses including Schools in the coursement from the	Lodging Lodging Loded in the above apacity of official Simpson County B	Meals Meals Statement were incur business; that they a loard of Education; ar	Amount Amount	Reim Central (Explanation bursement Due	Total
Date # Miles Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reim	Charge @ \$.46 Share all expenses including Schools in the coursement from the	Lodging Lodging Loded in the above apacity of official Simpson County B	Meals Meals Statement were incur business; that they a loard of Education; ar	Amount Amount	Rein	Explanation bursement Due	Total

Employee Name Justin Mitchell	Date Submitted 8 15 23
School/Work Site FSMS	, , , , , , , , , , , , , , , , , , ,
Name of Meeting/Conference EPSB M	ceting - August 21, 2023
Date(s) of Meeting/Conference August 21	2023 Departure Time Stoop Return Time 5:00pm Return Time 5:00pm Return Time
Place of Meeting/Conference Kentucky	Leting - August 21, 2023 Stady, 8/20/23 Department of Education, Frankfort, KY 4660 Educational Professional Standards Board
Rationale for Attendance 1 Char the	Educational Professional Standards Board
Expenses paid by:	d 🗆 KETS 🛂 Other (MUST Specify) <u>EPSB</u>
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expense \$0.46 per mile \$100 per day
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Approved Not Approved	J 8M
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
- *** Upe Moded Dobey 02 175 and 02 775; "Dut_of_District 1	ravel Reimburgements MIJST be submitted within thirty (30) days of the travel return date.
Charge @	ravel Reimbursements MUST be submitted within thirty (30) days of the travel return date. Other Expenses
Date # Miles Charge @ Lodge S.46	Other Expenses
Date # Miles Charge @ Lode	ing Meals Other Expenses Total
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Date # Miles Charge @ \$.46 Lodg \$ 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 County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying fo	Meals Amount Explanation Total above statement were incurred by an official business; that they are proper pounty Board of Education; and that all
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					W/n-1	
Employee Name	tin Pyer		Date	Submitted	8/25/23	
School/Work Site F5	HS - West	Campus				
Name of Meeting/Confer	ence ARC	Chair person	n Training			2:30
Date(s) of Meeting/Confe	erence 82	8/23	Departu	ure Time _	Return Tim	e <u>5'50</u>
Place of Meeting/Conference	ence <u>GRK</u>	EC	<u> </u>			
Rationale for Attendance						
Expenses paid by:	SBDM □ PD	☑ Spec Ed ☐ K	ETS ☐ Othe (N	//UST Speci	fy)	
Estimated Expenses:						
Registration Lodg Principal Signature: Prior Superintendent App	See policy	eals Mile y on back* \$0.46 p	er mile	\$10	Required if Expenses are Paid	30.36 about
ApprovedN	ot Approved	V <u>=</u>	15	1		8 23 22
Reason		Supe	erintendent Signa	ature		₩ate
	returning Inclu	电影场电影的电	AVFI FXPF	NSF RE	IMBURSEMENI	REQUEST
*** Per Board Policy 03.125 a Date # Miles	ipts and signatur	es.			d within thirty (30) days of the Other Expenses Explanation	
*** Per Board Policy 03.125 a	ipts and signatur ind 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
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*** Per Board Policy 03.125 a	ipts and signatur ind 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
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*** Per Board Policy 03.125 a	ipts and signatur ind 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 a	ipts and signatur ind 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUST	be submitte	d within thirty (30) days of the Other Expenses Explanation	travel return date.***
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Employee Name Amanda Bill	Date Submi	itted 7/17/23	
School/Work Site			
Name of Meeting/Conference Section 50	14: MAII the thing	s you need to kno	<i>ω</i>
• •		neReturn Time	
Place of Meeting/Conference GRREC_			
Rationale for Attendance Sechin 504	Charperson trani	my	11 0 1
Expenses paid by: \square SBDM \square PD \square Spec	Ed KETS Other (MUST S	specify) Appared by Ke	lly Baker
Estimated Expenses:		•	· ·
Registration Lodging Meals See policy on back* \$\infty UD	Mileage Airfare \$0.46 per mile 29.44 Grant/Admin:	\$100 per day	129.44
Principal Signature: Prior Superintendent Approval:		Required if Expenses are Paid	by Grant Funds
Approved Not Approved Reason	Superintendent Signature		Date
original required receipts and signatures.		REIMBURSEMENT	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ Lod	ging Meals	Other Expenses	ravel return date.*** Total
Charge @	ging Meals		All Dentille
Date # Miles Charge @ Lod	ging Meals	Other Expenses	All Dentille
Date # Miles Charge @ Lod	ging Meals	Other Expenses	All Dentille
Date # Miles Charge @ Lod	ging Meals	Other Expenses	All Dentille
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Employee Name Constance 812 Date Submit	tted 8/23/23
School/Work Site	
Name of Meeting/Conference	
Date(s) of Meeting/Conference Departure Tim	e BNON Return Time 645
Place of Meeting/Conference ELPO Center 937 Philips Lin	lausville by 40209
Rationale for Attendance Feysc Trurb	
Expenses paid by: SBDM PD Spec Ed KETS ther (MUST S	pecify) ISNS YCC.
Estimated Expenses:	O
Registration Lodging Meals Mileage Airfare	Substitute Other Total Est. Expenses
X X — —	
Principal Signature: Grant/Admin:	hell
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	5/22/23
ReasonSuperintendent Signature	Date
TRAVEL EXPENSE	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225, "Out of District Travel D.	WEINIDONSENIEM WEGOES
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	itted within thirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm Charge @ Lodging Meals	other Explanation Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm Charge @ Lodging Meals	other Expenses
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Date # Miles Charge (a) Lodging Meals Amo Charge (a) Lodging Meals Amo 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 Schools in the specific proper size of the size of	other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm Charge @ Lodging Meals	Other Expenses unt Explanation Reimbursement Due

run 1 Cilai	0/1/2022
Employee Name Emily Satterly	Date Submitted 9 11 2023
School/Work Site FGMS	I L' Ticain in
Name of Meeting/Conference Thing Certified Evo	Mustron Warrier
Date(s) of Meeting/Conference 9 12 23 4 9/13 23	Departure Time <u>7:30</u> Return Time <u>3:30</u>
Place of Meeting/Conference GPREC	1 by and the distant
Rationale for Attendance Needle For New Positi	on-Will give Time back to ausivia
Expenses paid by:	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile NA NA Principal Signature:	Airfare Substitute Other Total Est. Expenses NA NA NA Grant/Admin:
Prior Superintendent Approval.	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8WC 9/11/2
ReasonSuperintend	dent Signature / Date
Submit this section upon returning, Include any original required receipts and signatures.	EXPENSE REIMBURSEMENT REQUEST
Oliginal redailed receipts and signatures.	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursem	ents MUST be submitted within thirty (30) days of the travel return date.** Other Expenses
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursem Charge @ Lodging Me	ents MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
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Superiorist form to the Windows and Superiorism for PRIOR APPROVAL.

Complete All Rems on too half of form.

Attack Meeting Registration Form

Employee Name Sheena Sear	Date Submitted 8 17 23
School/Work SiteFSHS	
Name of Meeting/Conference KY FBU	Board of Directors Meeting
Date(s) of Meeting/Conference 9 13	Departure Time 3PM 9/12 Return Time 5 PM 9/14
Place of Meeting/Conference Fairfield	Inclouisville
Rationale for Attendance	·
Expenses paid by:	c Ed KETS Wother (MUST Specify) Ky FBLA
Estimated Expenses:	
Registration Lodging Meals See policy on bac	
	school O
Principal Signature:	Grant/Admin:
Prior Superintendent Approval.	Required if Expenses are Paid by Grant Funds
V ApprovedNot Approved	8/8/23
Reason	Superintendent Signature 'Date
ं अन्यक्तांत रहांड उद्धरीका प्रत्येत स्वरंगराम्यः विद्यालय वास वर्गद्वित्ताः। स्वरंगार्थ्य स्वरंभेग्रेश्च वाम् जीव्रकारणस्य	TRAVEL EXPENSE REIMBURSEMENT REQUEST
	In the term of a set in the submissed within thinty (20) days of the travel return date T^{*}
Charge @	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses
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Date # Miles Charge @ L	Other Expenses Amount Explanation Total
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Date # Miles Charge @ \$.46 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpsod data furnished here within is true and correct to the best	Other Expenses Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper a County Board of Education; and that all
Date # Miles Charge @ \$.46 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpsod data furnished here within is true and correct to the best	Total Meals Amount Explanation Total Amount Reimbursement Due Reimbursement Due County Board of Education; and that all tof my knowledge. Central Office Use:
Date # Miles Charge @ \$.46 L Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Other Expenses Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper a County Board of Education; and that all

	Submitted 08-17-23
School/Work Site FS # S	
Name of Meeting/Conference	- 7-3 C Con - 2:00 Co
Date(s) of Meeting/Conference $\frac{09/14 - 09/15}{2}$ Departure	re Time 3:30 pm Return Time 3:00 pm
Place of Meeting/Conference Galt House in Lov	isville Kentucky
Rationale for Attendance <u>Certification</u> for coachi	ng Academic Team
Expenses paid by: SBDM PD Spec Ed KETS Other (M	UST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
160.00 159.00 40.00 124.57	100 583.57
	min. Accha Tea
Principal Signature: Grant/Add	Required if Expenses are Paid by Grant Funds
Approved Not Approved	M 8/27/23
Reason Superintendent Signat	cure Date
Offginal required receipts and signatures.	NSE REIMBURSEMENT REQUEST
*** per Roard Policy 03, 125 and 03,225: "Out-of-District Travel Kelmbursements MUST D	
Charge @	e submitted within thirty (30) days of the travel return date.*** Other Expenses
Date # Miles Charge @ Lodging Meals	
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
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Date # Miles Charge @ Lodging Meals Lodging Meals Meals Affidavit: I hereby certify that all expenses included in the above statement were incurre employee of Simpson County Schools in the capacity of official business; that they are charges qualifying for reimbursement from the Simpson County Board of Education; and	Other Expenses Amount Explanation Total d by an proper that all
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Affidavit: I hereby certify that all expenses included in the above statement were incurre employee of Simpson County Schools in the capacity of official business; that they are charges qualifying for reimbursement from the Simpson County Board of Education; and data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation d by an proper that all Central Office Use:

Submit fels from white Principal and Superintendent for <u>PRIOR APPROVA</u>.

Complete AL Reins on too half of forth.

Areas Meading Registeriton form

Employee Name Sheena Searcy	Date Submitted 8 17 23
School/Work Site FSHS	n Now Advisor Training
Name of Meeting/Conference	A New Adviser Training Departure Time 9/17 pm Return Time 9/18 79W
Place of Meeting/Conference <u>Flizabed</u>	
Rationale for Attendance lad trains f	or all new advisers statewide.
Expenses paid by:	d 🗆 KETS POther (MUST Specify) Ky FB(A
Estimated Expenses:	,
	Mileage Airfare Substitute Other Total Est. Expenses \$0.46 per mile \$100 per day Crant (Admin)
Principal Signature: Prior Superintendent Approval:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/18/22
Reason	Superintendent Signature Date
Submit क्षेत्रंड उठ्योक्ति मुनका स्थामस्त्रीत्य क्षित्रंमण्ड राह्य कृत्युक्तानो स्वनुमारक स्थल्योक्षंड वर्गण डाँग्रान्तस्माकः	TRAVEL EXPENSE REIMBURSEMENT REQUEST
the Day of District Tr	avel Poimbursements MUST be submitted within thirty (30) days of the travel return date.***
Charge @	avel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Transcription of the Policy Oscillation	Other Expenses
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles Charge @ Lodgi	Other Expenses Total
Date # Miles \$.46 Lodgi \$.46 Affidavit: I hereby certify that all expenses included in the amployee of Simpson County Schools in the capacity of or	Meals Amount Explanation Total Amount Explanation Reimbursement Due fficial business; that they are proper
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of or charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of	Meals Amount Explanation Total Amount Explanation Reimbursement Due fficial business; that they are proper punty Board of Education; and that all
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of or charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of	Meals Amount Explanation Total Above statement were incurred by an efficial business; that they are proper entry Board of Education; and that all my knowledge. Central Office Use:
Date # Miles \$.46 Lodgi \$.46 Affidavit: I hereby certify that all expenses included in the amployee of Simpson County Schools in the capacity of or charges qualifying for reimbursement from the Simpson Co	Meals Amount Explanation Total Amount Explanation Reimbursement Due fficial business; that they are proper punty Board of Education; and that all
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of or charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of	Meals Amount Explanation Total Above statement were incurred by an efficial business; that they are proper entry Board of Education; and that all my knowledge. Central Office Use:

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

^	
Employee Name Constance Blanc Date Sub	mitted 8-17-23
School/Work Site LC WC	
Name of Meeting/Conference Sumposium Sor OPioi	d crisis
	Time <u>Jam</u> Return Time <u>4pm</u>
Place of Meeting/Conference Poul Green Ky C	Pulional court line
Rationale for Attendance 4065C fruing	
Expenses paid by: SBDM PD Spec Ed KETS Corner (MUS	T Specify) YBC
Estimated Expenses:	
Registration Lodging Meals (Mileage Airfaire	Substitute Other Total Est. Expenses
See philosyon diams — 30 46 per phile	\$100 par day
Principal Signature: Grant/Admi	n: //////
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	12 0/20/20
ReasonSuperintendent Signature	e Date
TRAVEL EXPENS	SE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be s	SE REIMBURSEMENT REQUEST
Date it Miles Charge @ Date	ubmitted within thirty (30) days of the travel return date.*** Other Expenses
Date it Miles Charge @ Lodging Meals	ubmitted within thirty (30) days of the travel return date.***
Date it Miles Charge @ Lodging Meals	ubmitted within thirty (30) days of the travel return date.*** Other Expenses
Date it Miles Charge @ Lodging Meals	ubmitted within thirty (30) days of the travel return date.*** Other Expenses
Date it Miles Charge @ Lodging Meals	ubmitted within thirty (30) days of the travel return date.*** Other Expenses
Date it Miles Charge @ Lodging Meals	ubmitted within thirty (30) days of the travel return date.*** Other Expenses
Date it Miles Charge @ Lodging Meals	other Expenses Total Explanation
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Date it Miles Charge (a) Lodging Meals A	Other Expenses Total Perpenses Total
Date it Miles Charge (a) Lodging Meals A Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools.	Other Expenses Total Perplanation Reimbursement Due
Date # Miles Charge @ Lodging Meals A Charge @ Lodging Meals A Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimburgement for the capacity of official business; that they are procharges qualifying for reimburgement for the capacity of official business; that they are pro-	Other Expenses Total Perplanation Reimbursement Due
Date it Miles Charge (a) Lodging Meals A Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools.	Other Expenses Total Perplanation Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are prodata furnished here within is true and correct to the best of my knowledge. Employee Signature Charge @ Lodging Meals A Meals Meals A Meals A Meals Meals A Meals Meals Meals A Meals Meals Meals A Meals Meals A Meals Meals Meals A Meals	Other Expenses Total Pan Reimbursement Due per all Central Office Use:
Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that they are procharged t	Other Expenses Total Pan Reimbursement Due per tal

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Employee Name <u>Lucinda EVUSMan</u>	Date Submitted	8 23 23	
School/Work Site Franklin & Lincoln	Elem.		
Name of Meeting/Conference FRUSC Reco	ional meeting	62	
Date(s) of Meeting/Conference 9120123	Departure Time _	8:15am Return Tim	ne
Place of Meeting/Conference Crossland Cum		ky	
Rationale for Attendance <u>Juquited</u> Juga	onal meeting	t-12 C 2	
Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spec Ed	☐ KETS ☐ Other (MUST Spec	ify) <u>PRYSC</u>	
Estimated Expenses:			
Registration Lodging Meals See policy on back*		lbstitute Other 00 per day	Total Est. Expenses
See pointy on seek	53.2mi		\$53.66e
Principal Signature: Now Moluson	Grant/Admin:	ly MM_	
Principal Signature:	Grant/Admin.	Required if Expenses are Pa	id by Grant Funds
Approved Not Approved	15/		8/23/23
Reason	Superintendent Signature		Date
original required receipts and signatures.	TRAVEL EXPENSE R		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	vel Reimbursements MUST be submitte	ed within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	vel Reimbursements MUST be submitte	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	vel Reimbursements MUST be submitte	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	vel Reimbursements MUST be submitte	ed within thirty (30) days of the Other Expenses	e travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	g Meals Amount	ed within thirty (30) days of the Other Expenses Explanation	Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ \$.46 Lodgin Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of off	Meals Amount Move statement were incurred by an icial business; that they are proper	ed within thirty (30) days of the Other Expenses	Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ \$.46 Lodgin Affidavit: I hereby certify that all expenses included in the above the state of the sta	Meals Amount Move statement were incurred by an icial business; that they are proper nty Board of Education; and that all	ed within thirty (30) days of the Other Expenses Explanation	Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ \$.46 Lodgin Affidavit: I hereby certify that all expenses included in the abet employee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of many contents."	Meals Amount Over statement were incurred by an icial business; that they are proper nty Board of Education; and that all by knowledge.	Reimbursement Due	Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ \$.46 Lodgin Affidavit: I hereby certify that all expenses included in the alterployee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Simpson County Schools of the Charges qualifying for reimbursement from the Charges qualifying for rei	Meals Amount Move statement were incurred by an icial business; that they are proper nty Board of Education; and that all	Other Expenses Explanation Reimbursement Due	Total