SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Construce Blace Date Submitted 8/17/23	
School/Work Site	
Name of Meeting/Conference FRYSC Regional Many	
Date(s) of Meeting/Conference 9 - 20 - 23 Departure Time 7cm Return Time 4pm)
Place of Meeting/Conference B 6. Kuy @ CVOSS(2r & CULTURE CHUVES	
Rationale for Attendance FDYSC truing legional Mulium	
Expenses paid by: SBDM PD Spec Ed KETS (Dother (MUST Specify)	
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Espen	SEST.
Principal Signature: Grant/Admin:	rusus nususas l
Prior Superintendent Approval: Required if Expenses are Paid by Grant Funds	
Approved Not Approved	122
ReasonSuperintendent Signature Date	23
STAND A D SETTING THE STANDARD	
IRAVEL EXPENSE DEINABLIBGENAENT DECLIEG	•
TRAVEL EXPENSE REIMBURSEMENT REQUES *** Per Board Policy 03.125 and 03.225; "Out-of-District Travel Reimbursements MUST be submitted within thirty (20) days of the travel of the state of	5 T
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 Change @ Lodging Mask Other Expenses)T e.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Relmbursements MUST be submitted within thirty (30) days of the travel return date	ST :e.***
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	ST *****
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	e.***
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Date # Miles Change @ Lodging Meals Amount Explanation Total	ST *e.***
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	e.***
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Date # Miles Charge todging Meals 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. Central Office Use:	5T
Date # Wiles Charge Lodging Meals 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. Employee Signafure Other Explanation Total Reimbursement Due Reimbursement Due Central Office Use:	5T***
Date # Miles Change & Lodging Meals 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 data furnished here within is true and correct to the best of my knowledge. Affidavit: Amount Explanation Total Reimbursement Due Reimbursement Due Central Office Use:	5T .e.***

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Employee Na	ame Che	slus (raine	D	ate Submitted	842	3	
		inlulia F	dem					
		nce Kenh	sduy 8	school C	anselina	Associ	ation	
Date(s) of M	eeting/Confer	ence Sec	H 21SF	22 nd Dep	arture Time	3:00 pm_Re	eturn Time _	5:00pm
Place of Mee	ting/Confere	nce UCXII	veron c	antain Ci	THE INITIAL	iot Re	sort	
Rationale for	Attendance	Professi	onal [elelopme	ent			
Expenses pai	d by: □ S	BDM □ PD	☐ Spec Ed I	KETS Othe	r (MUST Specify)	47364		
Estimated Ex								
Registration	n Lodgin			A STATE OF THE OWNER,	rfare Subst		her Tota	al Est. Expenses
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	tendent Appr	oval:		10	11	Required if Expens	ses are Paid by	Grant Funds
✓ Approv	red No	t Approved	,	X				8/28/23
Reason				uperintendent S	gnature			Date
4.4	£340	ing distribution of the second se	1	RAVEL EXI	PENSE REII	MBURSE	MENT R	REQUEST
The second	Policy 03.125 an	d 03.225: "Out-o Charge @	of-District Travel	Reimbursements M	UST be submitted w	ithin thirty (30) o her Expenses		vel return date.***
*** Per Board Date	Policy 03.125 an	d 03.225: "Out-o	of-District Travel Lodging		UST be submitted w	ithin thirty (30) o		
The second	Policy 03.125 an	d 03.225: "Out-o Charge @	of-District Travel	Reimbursements M	UST be submitted w	ithin thirty (30) o her Expenses		vel return date.***
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The second	Policy 03.125 an	d 03.225: "Out-o Charge @	of-District Travel	Reimbursements M	UST be submitted w	ithin thirty (30) o her Expenses		vel return date.***
Date	# Miles	d 03.225: "Out-c Charge @ \$.46	Lodging	Reimbursements M Meals	Ot Amount	her Expenses Explana	tion	vel return date.***
Date Affidavit: I here employee of Si	# Miles # Wiles by certify that a simpson County S	d 03.225: "Out-co Charge @ \$.46	Lodging Lode in the above	Reimbursements M Meals e statement were in business; that the	Ot Amount Curred by an y are proper	ithin thirty (30) o her Expenses	tion	vel return date.***
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Employee Name LeAnn Fisher	Date Submitt	ed <u>8-10-23</u>	
School/Work Site Vimpson County	Schools		
Name of Meeting/Conference Cont. Impro	vement contere	nce	
Date(s) of Meeting/Conference Sept. 24-26	Departure Time	Return Time	e <u>_6:0</u> 0
Place of Meeting/ConferenceUXING CON Rationale for AttendanceCSIP_lequiren		0	
Rationale for Attendance CSIP lequiren	nents / CDIP In	formation	
Expenses paid by:			
Estimated Expenses:			
Registration Lodging Meals See policy on back*	141110080	Substitute Other T \$100 per day	otal Est. Expenses
,			
Principal Signature:	Grant/Admin:	Required if Expenses are Paid	d by Grant Funds
Prior Superintendent Approval:	101		0/14/20
Approved Not Approved Reason	Superintendent Signature		Date
	Superimendent signature		water Designation
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE		
		and the state of t	Average materials data ***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be submi	tted within thirty (30) days of the Other Expenses	CHIDAKITE SAIN
Per Board Policy 03.125 and 03.225: "Out-of-District Trav Date # Miles Charge @ Lodging \$.46		Other Expenses	travel return date.*** Total
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Date # Miles Charge @ Lodging	Meals	Other Expenses	CHIDAKITE SAIN
Date # Miles Charge @ Lodging	Meals	Other Expenses	CHIDAKITE SAIN
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Employee Name Gaxon Grove	Date Submitted 8/17/23
School/Work Site Franklin - Sca	A
Name of Meeting/Conference Contribution	
Date(s) of Meeting/Conference 9/24	
Place of Meeting/Conference Lexuse	ten, Ky
Rationale for Attendance adments +	
Expenses paid by: SBDM D Spec	Ed DKETS Dother (MUST Specify) TQ
Estimated Expenses:	·
Registration Lodging Meals See policy on back* ### ### ### ### ####################	Mileage Substitute Other Total Est. Expenses \$0.46 per mile Grant/Admin: Required if Expenses are Paid by Grant Funds
Approved Not Approved	Supering and out Signature
Reason	Superintendent Signature / Date
Charge @	TRAVEL EXPENSE REIMBURSEMENT REQUEST Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
Date # Miles \$.46	ging Meals Amount Explanation Total
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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	official business; that they are proper
data furnished here within is true and correct to the best	County Board of Education; and that all of my knowledge. Central Office Use:
data furnished here within is true and correct to the best	County Board of Education; and that all of my knowledge. Central Office Use: Coding
data furnished here within is true and correct to the best Employee Signature	of my knowledge. Central Office Use:

Employee Name Delick Pellie	Date Submitte	d 8/17/23	
School/Work Site F5M9/F5/+5			
Name of Meeting/Conference Con Hrang Daplovero	<u>_</u> }		
Date(s) of Meeting/Conference $\sqrt{24/-9/26}$	Departure Time	GOO pm Return Time 4'00p	M
Place of Meeting/Conference Lexington by		1	
Rationale for Attendance Administrated Professi	mal Levelopro	<u>4</u>	
Expenses paid by: SBDM D Spec Ed KETS	Other (MUST Spe	cify) _TQ	
Estimated Expenses:			
Registration Lodging Meals See policy on back* \$0.46 per m	nile \$	ubstitute Other Total Est. Experimental Est. Experimental 100 per day	45
Principal Signature:	Grant/Admin:	Required if Expenses are Paid by Grant Funds	i
Approved Not Approved	15/	8/20/2	23
	tendent Signature	Da	te
Ottiguran Leddinen Leceibra aura siguaran est		EIMBURSEMENT REQUE	ST
*** non-pound notice of 12F and 02 22F. "Out of District Trough Daimbur	reamonte MIIST ha submitt	ed within thirty (30) days of the travel return da	to ***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbu		Other Expenses	te.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbut Date # Miles Charge @ Lodging \$.46	Meals Amour	Other Expenses Total	te.***
Date # Miles Charge @ Lodging	Meals	Other Expenses Total	te.***
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Employee Name Leah Wor	bod	Date	Submitte	8-16-2	23
School/Work Site F3H9/F	8MB				
Name of Meeting/Conference \underline{igcap}	ontinuous Im	provement			
Date(s) of Meeting/Conference _	4.04-9.06	Depart	ure Time _	1:00pm_Retur	rn Time Lo:00pm
Place of Meeting/Conference		7			
Rationale for Attendance <u>Pre</u>	senting	,			
Expenses paid by: 🔲 SBDM [□PD □Spec Ed □	KETS 🗹 Other (N	MUST Spec	ify) TQ	
Estimated Expenses:					
Registration Lodging		leage Airfa per mile		ubstitute Other .00 per day	Total Est. Expenses
A OF STATISTICS TO THE STATE OF	9100 172x		1		\$258.24
	1.10			141- 8 11	
Principal Signature:		Grant/A	dmin:	Required if Expenses	are Paid by Grant Funds
Prior Superintendent Approval:	wad	10	10		6/28/27
Approved Not Appro Reason		perintendent Sign	ature		Date
					19
Submit this section upon returnin original required receipts and	signatures.	RAVEL EXPE			ENT REQUEST
				The second secon	- Cal A 1 4
*** Per Board Policy 03.125 and 03.225		imbursements MUS	Γ be submitt	The second secon	
Per Board Policy 03.125 and 03.225 Date # Miles Charge \$.4	ge @ Lodging	imbursements MUS ¹ Meals	F be submitt Amoun	Other Expenses	Total
Data # Miles Charg	ge @ Lodging			Other Expenses	Total
Data # Miles Charg	ge @ Lodging			Other Expenses	Total
Data # Miles Charg	ge @ Lodging			Other Expenses	Total
Data # Miles Charg	ge @ Lodging		Amoun	Other Expenses	Total
Data # Miles Charg	ge @ Lodging			Other Expenses	Total
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Date # Miles Charge \$.4	Lodging Lodging ses included in the above s	Meals	Amoun	Other Expenses	n Total
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Employee Name Amada B	Date Submitted	9/11/23	
School/Work Site FSHS	·		
Name of Meeting/Conference	nthunus Improvem	ent Summi	十
Date(s) of Meeting/Conference $\frac{9/25}{}$	+9/26 Departure Time _	(O!NAm_Return Ti	me Gwpm
Place of Meeting/Conference Central	Bank Center Rupp A	trena, lexing	tm
Rationale for Attendance Wesenter	<u> </u>		:
Expenses paid by: SBDM DPD DS	pec Ed 🛭 KETS 🖾 Other (MUST Speci	fy)	
Estimated Expenses:			
Registration Lodging Meals See policy on ba		bstitute Other 10 per day	Total Est. Expenses
Free \$35 \$80.00	M11 100		\$241.00
Principal Signature:	Grant/Admin:		
Prior Superintendent Approval: Approved Not Approved	45/1	Required if Expenses are P	aid by Grant Funds
Reason	Superintendent Signature		Date
Submit this section upon returning. Include an original required receipts and signatures.	TRAVEL EXPENSE RE	IMBURSEMEN	T REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		d within thirty (30) days of the Other Expenses	TO HOUSE STATE
Charge @	Lodging Meals Amount		ne travel return date.*** Total
Date # Miles Charge @	Lodging Meals	Other Expenses	TO HOUSE STATE
Date # Miles Charge @	Lodging Meals	Other Expenses	TO HOUSE STATE
Date # Miles Charge @	Lodging Meals	Other Expenses	TO HOUSE STATE
Date # Miles Charge @	Lodging Meals	Other Expenses	TO HOUSE STATE
Date # Miles Charge @	Lodging Meals	Other Expenses	TO HOUSE STATE
Date # Miles Charge @	Lodging Meals	Other Expenses	TO HOUSE STATE
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Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	Lodging Meals Amount In the above statement were incurred by an y of official business; that they are proper	Other Expenses	Total
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Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simps	n the above statement were incurred by an y of official business; that they are proper son County Board of Education; and that all est of my knowledge.	Reimbursement Due	Total

The second secon				
Employee Name Justin Mitchell	Date Subn	nitted	8/15/23	
School/Work Site	1			
Name of Meeting/Conference	Meting	Sind	au 10/0/12	Unday 18/9/75
Date(s) of Meeting/Conference Oct bec 9	2023 Departure Ti	ime	Return Ti	me Sicopen
Place of Meeting/Conference Kentucky D	eportment of Educar	ton, F	rankfort, KY,	40601
Rationale for Attendance 1 Chair the E	ducetonal Professiona	Stor	dords Board	
Expenses paid by:	☐ KETS	Specify)	EPSB	
Estimated Expenses:				
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substi \$100 pe		Total Est. Expenses
	_			_
Principal Signature:	Grant/Admin:			
Prior Superintendent Approval:	Grand Adminis		equired if Expenses are P	aid by Grant Funds
Approved Not Approved	78hl			
Reason	Superintendent Signature			Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE			
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sul			ne travel return date.***
Date # Miles Charge @ Lodging	; Meals An	Otn nount	er Expenses Explanation	Total
AND STATE OF THE PARTY OF THE P		21 HBQ 11.		
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Affidavit: I hereby certify that all expenses included in the abo	avo statement were incurred by	an.	Reimbursement Duc	e
employee of Simpson County Schools in the capacity of office	cial business; that they are prop	per		
charges qualifying for reimbursement from the Simpson Coun data furnished here within is true and correct to the best of my			tral Office Use:	
Employee Signature	Date	Cod	ıng	
		_		
Supervisor Signature	Date	CFO	Approval	

Employee NameUShn Mitchell School/Work SiteFSMS	Date Submitted	8 15 23
Name of Meeting/Conference 24 Foods/ments A Date(s) of Meeting/Conference Oct. 17, 2023		t
Place of Meeting/Conference GREC		·
	with Jona Kirchn	les + Audrey Harper
Rationale for Attendance <u>lon leading the PD w</u> Expenses paid by: □ SBDM □ PD □ Spec Ed □ KETS ■	Other (MUST Specify)	GRREC
Estimated Expenses:		
Registration Lodging Meals See policy on back* \$0.46 per mile Principal Signature: Prior Superintendent Approval: Approved Not Approved	Airfare Substit \$100 per Community Substite \$100 per Commu	r day
	dent Signature	Date
official regarded receipts that significan		BURSEMENT REQUEST
TTT Per Board Policy 03, 175 and 03, 275; "Out-ot-District Travel Reimbursen	ents MUST be submitted wit	thin thirty (30) days of the travel return date.**
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursen Charge @ Lodging M	eals Oth	er Expenses Total
Charge @	Oth	er Expenses
Date # Miles Charge @ Lodging M	eals Oth	er Expenses Total
Date # Miles Charge @ Lodging M	eals Oth	er Expenses Total
Date # Miles Charge @ Lodging M	eals Oth	er Expenses Total
Date # Miles Charge @ Lodging M	eals Oth	er Expenses Total
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Date # Miles Charge @ Lodging M	eals Oth	er Expenses Total
Date # Miles \$.46 Lodging M \$.46 Lodging M Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business; the statement employee of Simpson County Schools in the capacity of official business in the capacity of the statement employee of Simpson County Schools in the capacity of official business in the capacity of th	eals Amount were incurred by an hat they are proper	er Expenses Total
Date # Miles \$.46 Lodging M \$.46 Affidavit: I hereby certify that all expenses included in the above statement	were incurred by an hat they are proper ucation; and that all	Explanation Total
Date # Miles \$.46 Lodging M \$.46 Lodging M Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; that the capacity of official business; the capacity of the capaci	were incurred by an hat they are proper ucation; and that all	Reimbursement Due

Employee Name Leann Fisher	Date Submitted 8-10-23	
School/Work Site Simpson (pun	tu Schools	
Name of Meeting/Conference Scott Trim	ble Assessment Conterence	
Date(s) of Meeting/Conference Otober	20-27 Departure Time 8:00 Return Time 3:00	ر
Place of Meeting/Conference Louisville		
Rationale for Attendance Assessment	Updates	
Expenses paid by: SBDM PD Spec Ed	□ KETS □ Other (MUST Specify) TQ	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expenses \$0.46 per mile \$100 per day	enses
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Fund	ds.
Prior Superintendent Approval:	2 / L 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	3
Approved Not Approved Reason	Superintendent Signature Da	ate
Reason	Superintendent Signature	
Submit this section upon returning. Include any	TRAVEL EXPENSE DEIMBLIDGEMENT DEALE	ST
original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUE	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return d	late.***
	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return d	late.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return d	late.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the travel return described by the submitted within thirty (30) days of the submitted within thirty (30) days of the submitted within thirty (30) days of the submitted within thirty	late.***
Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the a	Meals Other Expenses Amount Explanation Total bove statement were incurred by an Other Expenses Amount Reimbursement Jue	late.***
Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the a employee of Simpson Country Schools in the capacity of of charges qualifying for reimbursement from the Simpson Country Schools and correct to the best of response to the best of response to the set of response to the set of response to the set of response to the best of response to the best of response to the set of response to the best of the bes	Meals Other Expenses Amount Explanation Total Dove statement were incurred by an ificial business; that they are proper unty Board of Education; and that all my knowledge. Other Expenses Total Reimbursement Due Central Office Use:	late.***
Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the a employee of Simpson Country Schools in the capacity of of charges qualifying for reimbursement from the Simpson Country Schools and correct to the best of response to the best of response to the set of response to the set of response to the set of response to the best of response to the best of response to the set of response to the best of the bes	Meals Amount Explanation Total Amount Explanation Bove statement were incurred by an ficial business; that they are proper anty Board of Education; and that all	late.***
Date # Miles Charge Lodging \$.46 Lodging \$.46 Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Capacity of the Ca	Meals Other Expenses Amount Explanation Total Dove statement were incurred by an ificial business; that they are proper unty Board of Education; and that all my knowledge. Other Expenses Total Reimbursement Due Central Office Use:	late.***
Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of response to the service of the	Meals Meals Meals Amount Explanation Total Description of the travel return description of th	late.***

Employee Name Leah W	Jood	Date S	ubmitted	8-16-23	
School/Work Site FSHS	FSMS				
Name of Meeting/Conference		e			
Date(s) of Meeting/Conference	ce <u>10.06 - 1</u> 0	Departur	re Time <u>lo</u>	Return Time	= <u>4pm</u>
Place of Meeting/Conference	Louisville	,Ky			
Rationale for Attendance <u>C</u>	IA Teaching	g + Learning		Th	
Expenses paid by: SBDI	M □ PD □ Spec Ed	KETS Other (M	UST Specify) _	10	
Estimated Expenses:					
Registration Lodging	Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substit \$100 per		otal Est. Expenses
	31.0	\$199.36			\$ 182.36
Principal Signature:		Grant/Ad	min:	heli Smile	<i>f</i>
Prior Superintendent Approva		101		quired if Expenses are Paid	by Grant Funds
Approved Not A		Superintendent Signat	ture		Date
Submit this section upon retu		TRAVEL EXPE	VSE REIN	BURSEMENT	REQUEST
original required receipts					
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	e submitted wit	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	e submitted wit	hin thirty (30) days of the	
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	ivel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
*** Per Board Policy 03.125 and 0	3.225: "Out-of-District Tra	vel Reimbursements MUST b	oe submitted wit Oth	hin thirty (30) days of the er Expenses	travel return date.***
Date # Miles C	S.225: "Out-of-District Tra harge @ Lodgir \$.46 Lodgir	nyel Reimbursements MUST b	e submitted wit Oth Amount	hin thirty (30) days of the er Expenses	travel return date.***
Date # Miles C Affidavit: I hereby certify that all e employee of Simpson County Sche	tharge @ Lodgir \$.46 Lodgir \$.46	bove statement were incurre	ed by an	hin thirty (30) days of the er Expenses Explanation	travel return date.***
Date # Miles C	charge @ Lodgir \$.46 Expenses included in the application of the capacity of of the capacity	bove statement were incurred ficial business; that they are unty Board of Education; and	ed by an e proper that all	hin thirty (30) days of the er Expenses Explanation	travel return date.***
Date # Miles C Date # Miles C Affidavit: I hereby certify that all e employee of Simpson County Schecharges qualifying for reimbursement data furnished here within is true a	charge @ Lodgir \$.46 Expenses included in the application of the capacity of of the capacity	bove statement were incurre ficial business; that they are unty Board of Education; and my knowledge.	ed by an exproper that all	hin thirty (30) days of the er Expenses Explanation Reimbursement Due tral Office Use:	travel return date.***
Date # Miles C Date # Miles C Affidavit: I hereby certify that all e employee of Simpson County Schercharges qualifying for reimbursements	charge @ Lodgir \$.46 Expenses included in the application of the capacity of of the capacity	bove statement were incurred ficial business; that they are unty Board of Education; and	ed by an e proper that all	hin thirty (30) days of the er Expenses Explanation Reimbursement Due tral Office Use:	travel return date.***

Employee Name	Justi	n Mitch	ell	D	ate Submit	ted	15/23		
School/Work Site	F50	NS							_
Name of Meeting,	/Conference	ce Kentu	cky Yo	uth Assen	bly				
Date(s) of Meeting	g/Conferer	nce 11 119	5 11/18/	23Dep	arture Tim	e 11 16 -	7:00cmReturn T	ime 11/18 - 1:00c	2/10
Place of Meeting/	'Conference	e <u>Louis</u>	ville +	Frankfort					
Rationale for Atte	ndance 🧘	haperoni	y stoc	lents in a	model	state	quierment	competition	
Expenses paid by:	1			☐ KETS ☐ Othe					
Estimated Expense	es:								
Registration	Lodging	Me See policy		Mileage Ai 0.46 per mile	rfare	Substitute \$100 per day	Other	Total Est. Expenses	5
-	-) /	11	-	-	\$ 200	_	\$200	
Principal Signature	o: (1	AM	h	Gran	:/Admin:			11	111
Prior Superintende	//	al:		Orani	Aumin		ed if Expenses are F	Paid by Grant Funds	
	,			181	L				
Reason				Superintendent Si	gnature			Date	_
ongmai requir	red receipts	and signatur	es.	IKAVELENI	FIA2E	KEIIVIB	OK2FIMEI	IT REQUEST	
*** Per Board Policy	03.125 and 0		T. 100 1 1 1 1		-	itted within t Other Ex	hirty (30) days of t	he travel return date.**	
*** Per Board Policy	03.125 and 0	3.225: "Out-of Charge @	-District Trave	Reimbursements M	UST be subm	itted within t Other Ex	hirty (30) days of t penses	he travel return date.**	
*** Per Board Policy	03.125 and 0	3.225: "Out-of Charge @	-District Trave	Reimbursements M	UST be subm	itted within t Other Ex	hirty (30) days of t penses	he travel return date.**	
*** Per Board Policy	03.125 and 0	3.225: "Out-of Charge @	-District Trave	Reimbursements M	UST be subm	itted within t Other Ex	hirty (30) days of t penses	he travel return date.**	
*** Per Board Policy	03.125 and 0	3.225: "Out-of Charge @	-District Trave	Reimbursements M	UST be subm	itted within t Other Ex	hirty (30) days of t penses	he travel return date.**	
*** Per Board Policy	03.125 and 0	3.225: "Out-of Charge @	-District Trave	Reimbursements M	UST be subm	itted within t Other Ex	hirty (30) days of t penses	he travel return date.**	
Date # P Affidavit: I hereby ceremployee of Simpsor	o3.125 and 0 Miles rtify that all en County Sch	23.225: "Out-of Charge @ \$.46 \$.46	Lodging Lodging led in the above	Meals Meals We statement were ineal business; that they	Amo	other Ex	hirty (30) days of t penses	Total	
*** Per Board Policy Date # N Affidavit: I hereby cer	rtify that all en County Schriembursem	23.225: "Out-of Charge @ \$.46 \$.46 expenses include ools in the capent from the S	Lodging Lodging led in the abovo	Meals We statement were inval business; that they a Board of Education;	Amo	Other Ex unt	hirty (30) days of the penses Explanation	Total	
Date # I	rtify that all en County Schriebursem within is true a	23.225: "Out-of Charge @ \$.46 \$.46 expenses include ools in the capent from the S	Lodging Lodging led in the abovo	Meals We statement were inval business; that they a Board of Education;	Amo	Other Ex unt	hirty (30) days of the penses Explanation	Total	

Employee N	ame	istin Mitch	ell	Dat	e Submitted	8/1	5/23	
School/Wor	k Site	FSMS				i	n 	
Name of Me	eting/Confer	ence Advan	ced Social	Shokes (elorial Wi	Viensbra	Trip	
Date(s) of M	leeting/Confe	erence 11 29/2	3 12 3 23	Depar	ture Time <u>1</u>	1/29-67	Return Tim	12/3 - 6:30 pm
Place of Mee	eting/Confere	ence Colorial	Williamsburg,	Jonestown	, Yorkton	۸۸		
Rationale fo	r Attendance	Students	to Research	Colonial An	unita t t	les come	back + p	ton Colonal Few
Expenses pa	id by: 🖒	SBDM □ PD	□ Spec Ed □ K	ETS DOther	MUST Speci	fy)		
Estimated Ex	xpenses:							
Registratio	on Lodgi	ng Me See policy				bstitute 00 per day	Other ⁻	Total Est. Expenses
			1		- #	366	_	\$ 300
Principal Sign	nature:	HILL	(//	Grant/	Admin:			
-	ntendent App	// /	- Opi	1 00			Expenses are Pai	d by Grant Funds
Appro	ved No	ot Approved	2	-8h	(,			
Reason			Supe	rintendent Sign	nature			Date
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expens	THE RESERVE OF THE PERSON NAMED IN	Total
Affidavit: I bor	aby cortify that	all expenses inclus	led in the above sta	toment were incu	rred by an	Reimbu	rsement Due	
employee of S	Simpson County	Schools in the ca	led in the above sta	siness; that they a	are proper	Reimbu	rsement Due	
employee of S charges qualify	Simpson County ying for reimbur	Schools in the car sement from the S		siness; that they a rd of Education; a	are proper nd that all	Reimbu		
employee of S charges qualify data furnished	Simpson County ying for reimbur here within is to	Schools in the car sement from the S	pacity of official bus impson County Boa	siness; that they a rd of Education; a	are proper nd that all			
employee of S charges qualify	Simpson County ying for reimbur here within is to	Schools in the car sement from the S	pacity of official bus impson County Boa	siness; that they a rd of Education; a ledge.	are proper nd that all	Central Offi		

Employee Name JUST MAchell	Date Subn	mitted	8/15/23	
School/Work SiteFSMS			<u> </u>	
	leting			
Name of Meeting/Conference EPSB W Date(s) of Meeting/Conference	, Zoz3 Departure Ti	ime <u>5.</u>	00pm Return T	ime <u>Jicopan</u>
Place of Meeting/Conference Kentucky T Rationale for Attendance 1 Chair the	Department of Educat	tion	Frakfort, KY	40601
Rationale for Attendance 1 Chair the	Educational Profess	laneig	Standards Bo	and
Expenses paid by:				
Estimated Expenses:				
Registration Lodging Meals See policy on back* Principal Signature:	Mileage Airfare \$0.46 per mile Grant/Admin		day	Total Est. Expenses
Prior Superintendent Approval:	10.	Re	quired if Expenses are I	Paid by Grant Funds
Approved Not Approved	Tan			
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 T	TRAVEL EXPENSI			
Date # Miles Charge @ Lodg	ging Meals An	Oth mount	er Expenses Explanation	Total
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 Capacity Schools in the Ca	official business; that they are prop	per	Reimbursement Du	е
data furnished here within is true and correct to the best of			tral Office Use:	
Employee Signature	Date	Codi	ing	
Supervisor Signature	Date	CFO	Approval	

Employee Name Ustry Mitchell	Date Submitted 8 15 23
School/Work SiteFSMS	<u> </u>
Name of Meeting/Conference 24 Fundy	amental American Pocuments + Speeches PD
Date(s) of Meeting/Conference January 31,	2024 Departure Time 7:00 cm Return Time 4:00 pm
Place of Meeting/Conference GRREC	
Rationale for Attendance 1 an leading.	the PD with Jana Krohner + Audrey Harper Ed KETS Other (MUST Specify) 6RREC
Expenses paid by:	Ed □ KETS ☑Other (MUST Specify) 6RREC
Estimated Expenses:	
Registration Lodging Meals See policy on back* Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	Mileage Substitute Other Total Est. Expenses \$100 per day Grant/Admin: Required if Expenses are Paid by Grant Funds Superintendent Signature Date
*** Per Board Policy 02 125 and 02 225. "Out-of-District"	function to the first contract the state of
Date # Miles Charge @ Lodge \$.46	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total Amount Explanation
Date # Miles Charge @ Lod	Other Expenses Zing Meals Total
Date # Miles Charge @ Lod	Other Expenses Zing Meals Total
Date # Miles Charge @ Lod	Meals Amount Explanation Total Amount Amount Explanation Amount Amount Amount Explanation Reimbursement Due official business; that they are proper
Date # Miles Charge @ \$.46 Lodge Lod	Meals Amount Explanation Total above statement were incurred by an official business; that they are proper ounty Board of Education; and that all
Date # Miles Charge @ \$.46 Lod: \$ 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	Amount Explanation Total Amount Explanation above statement were incurred by an official business; that they are proper ounty Board of Education; and that all