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

## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

- 1 Y 1 N A A A A A A A A A A A A A A A A A A	Date Submitted <u>10-31-23</u>
Employee Name DWID Webster School/Work Site SC BOE	
Name of Meeting/Conference KSBA WIA	ter Sum Dosium
Date(s) of Meeting/Conference	Departure Time 12:00 Return Time Dec. 07
Place of Meeting/Conference Duisville	
1	
Rationale for Attendance Continuing	
Expenses paid by:	d 🗖 KETS 🖪 Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back*  364.00 100.00	Mileage Substitute Other Total Est. Expenses \$100 per day  123 28 — Parking 947.28
Principal Signature:  Prior Superintendent Approval: Not Approved	Grant/Admin:
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
	ravel Reimbursements MUST be submitted within thirty (30) days of the travel return date.**  Other Expenses  Total  Amount Explanation
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tr	Meals  Amount  Explanation  Total  Amount  Explanation  Amount  Reimbursement Due  Spring Meals  Reimbursement Due  Spring Meals  Amount  Explanation  Total
Pate # Miles Charge Lodgi \$.46 Lodgi \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the Simpson County School Sc	Meals  Amount  Explanation  Total  Amount  Explanation  Amount  Reimbursement Due  Spring Meals  Reimbursement Due  Spring Meals  Amount  Explanation  Total
Pate # Miles Charge Lodgi \$.46 Lodgi \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in 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 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 charges qualifying for reimbursement from the charg	Meals  Amount  Explanation  Total  Amount  Explanation  Amount  Reimbursement Due  Spring Meals  Reimbursement Due  Spring Meals  Amount  Explanation  Total

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

## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mancy Uhls	Date Submitted $10 - 31 - 23$
School/Work Site 50 BOG	
Name of Meeting/Conference KSBA WINLE	Symposium Die on
Date(s) of Meeting/Conference	Departure Time 12:00 Return Time 16:00 pm
Place of Meeting/Conference Dui 871 112 ]	Downtown Marriott
Rationale for Attendance Comming Idu	cation nours
Expenses paid by:	☐ KETS ☐ Other (MUST Specify)
Estimated Expenses:	
See policy on back* \$0	Mileage Airfare Substitute Other Total Est. Expense.  9.46 per mile \$100 per day  Parking 897, 28
Principal Signature:	Grant/Admin:  Required if Expenses are Paid by Grant Funds  Vol 31/2:  Superintendent Signature  Date
original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Travel  Date # Miles Charge @ Lodging	Reimbursements MUST be submitted within thirty (30) days of the travel return date.   Other Expenses  Meals  Amount Explanation
Pare # Miles Charge @ Lodging	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
Pare # Miles Charge @ Lodging	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
Pare # Miles Charge @ Lodging	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
Pare # Miles Charge @ Lodging	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
Pate # Miles Charge @ Lodging \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offici	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Amount Explanation  Reimbursement Due al business; that they are proper
Pate # Miles Charge @ Lodging \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Amount Explanation  Reimbursement Due  Se statement were incurred by an all business; that they are proper Board of Education; and that all
Pate # Miles Charge @ \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of officic charges qualifying for reimbursement from the Simpson County	Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses Amount Explanation  Total  Amount Explanation  Reimbursement Due  Se statement were incurred by an all business; that they are proper Board of Education; and that all

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

## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Tammie Mann	Date Submitted 10-31-23
School/Work Site 56806	
Name of Meeting/Conference KSBA WIA	ter Symposium Dr. 07
Date(s) of Meeting/Conference	Departure Time 12:00 Return Time 6:00 pm
Place of Meeting/Conference DUSVIIIe	
Rationale for Attendance Communing	eaucation hours
Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spec E	d 🔲 KETS 🔛 Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back*  340.00 344.00 100.00	Mileage Substitute Substitute State Substitute State S
Principal Signature: Prior Superintendent Approval: Not Approved	Grant/Admin: Required if Expenses are Paid by Grant Funds
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
ALA M. M. M. M. B. M. AN AND I AN AND I DI-ALIST	
	ravel 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 1  Date # Miles Charge @ Lodg	Other Expenses
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Total
Date # Miles Charge @ Lodg	Other Expenses Total
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Date # Miles Charge @ Lodg	Meals Amount Explanation  Total
Date # Miles Charge @ Lodg \$.46  Lodg	Meals Amount Explanation  Total  Amount Explanation  Total  Amount Explanation  Reimbursement Due
Date # Miles Charge @ Lodg	Meals  Amount  Explanation  Total  above statement were incurred by an official business; that they are proper pounty Board of Education; and that all
Date # Miles Charge @ Lodg \$.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 Simpson County Schools in the capacity of charges qualifying for reimbursement from the charges qualifying for reimbursemen	Meals  Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  Reimbursement Due  Central Office Use:
Date # Miles Charge @ Lodg \$.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 Simpson County Schools in the capacity of charges qualifying for reimbursement from the charges qualifying for reimbursemen	Meals  Amount  Explanation  Total  above statement were incurred by an official business; that they are proper pounty Board of Education; and that all