

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name David Webster Date Submitted 10-31-23
School/Work Site SC BOE
Name of Meeting/Conference KSBA Winter Symposium
Date(s) of Meeting/Conference Dec. 8-9 Departure Time Dec. 07 12:00 Return Time Dec. 09 1:00 pm
Place of Meeting/Conference Louisville Downtown Marriott
Rationale for Attendance Continuing education hours
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>360.00</u>	<u>364.00</u>	<u>100.00</u>	<u>123.28</u>	<u>—</u>	<u>—</u>	<u>Parking</u>	<u>447.28</u>

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J Shl Date 10/31/23

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Nancy Uhls Date Submitted 10-31-23
School/Work Site SCBOE
Name of Meeting/Conference KSBA Winter Symposium
Date(s) of Meeting/Conference Dec 8-9 Departure Time Dec 07 12:00 Return Time 6:00 pm
Place of Meeting/Conference Louisville Downtown Marriott
Rationale for Attendance Continuing education hours
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
<u>310.00</u>	<u>364.00</u>	<u>100.00</u>	<u>123.28</u>			<u>Parking</u>	<u>897.28</u>

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 10/31/23

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Tammie Mann Date Submitted 10-31-23
School/Work Site SCBOE
Name of Meeting/Conference KSBA Winter Symposium
Date(s) of Meeting/Conference Dec. 8-9 Departure Time 12:00 Return Time 6:00 pm
Place of Meeting/Conference Louisville Downtown Marriott
Rationale for Attendance Continuing education hours
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>360.00</u>	<u>364.00</u>	<u>100.00</u>	<u>123.28</u>			<u>Parking</u>	<u>447.28</u>

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
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Reason _____ Superintendent Signature JSH Date 10/31/23

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval