Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Na	me Ash I	ey Neal	4 95	Date	e Submitte	d 10/31/23	
School/Work		Prank	Tin Elema	entunl		1	
		ence Pres	hoof Ts	SG Data	TOR	Greentree So	wth
Date(s) of Me		1/1/10	the state of the s	SDepar	ture Time	8AM Return Time	e <u>11pm</u>
Place of Mee	ting/Confere	ence <u>Grelr</u>	tree So	uth			
Rationale for	Attendance					.1	
Expenses paid	d by:	SBDM □ PD	□ Spec Ed □ K	(ETS D Other (MUST Spe	cify)	
Estimated Ex	penses:						
Registration		See policy		eage Airfa per mile		ubstitute Other T	Fotal Est. Expenses
Principal Sign	ature:	1000000		Grant/	Admin:	Required if Expenses are Paic	hy Grant Funds
Prior Superin						yequired if Expenses are raic	a by Grant runus
		ot Approved	Com	evintendent Sign	N/	VC.	Date
Reason			Sup	erintendent Sigi			
Submit this	coetion upon	The Vote of States and The					
original ı	equired recei	returning. Including interest in the property	es, IK.			EIMBURSEMENT	
original i	required rece Policy 03.125 a	ipts and signatur nd 03.225: "Out-o	res.	mbursements MUS		EIMBURSEMENT red within thirty (30) days of the Other Expenses	travel return date.***
original ı	equired recei	ipts and signatur	es, IK.			ed within thirty (30) days of the Other Expenses	
original i	required rece Policy 03.125 a	ipts and signatur nd 03.225: "Out-o Charge @	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
original i	required rece Policy 03.125 a	ipts and signatur nd 03.225: "Out-o Charge @ \$.46	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
original i	required rece Policy 03.125 a	ipts and signatur nd 03.225: "Out-o Charge @ \$.46	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
view	required rece Policy 03.125 a	ipts and signatur nd 03.225: "Out-o Charge @ \$.46	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
original i	# Miles · () · () · ()	ipts and signatur nd 03.225: "Out-o Charge @ \$.46	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
Per Board Pate Date Date Date Date Dat	# Miles · () · () · () · ()	ipts and signatur nd 03.225: "Out-o Charge @ \$.46 ,44 ,44 ,44	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
view	# Miles · () · () · ()	ipts and signatur nd 03.225: "Out-o Charge @ \$.46	res.	mbursements MUS	ST be submit	ed within thirty (30) days of the Other Expenses	travel return date.***
original *** Per Board Date 0 0 2 0 8 0 9 0 9 0 8 0 9 0 8	# Miles · () · () · () · () · () · () · () · () · () · () · () · () · ()	ipts and signatur nd 03.225: "Out-o Charge @ \$.46 '44 '44 '44 '44 '44	f-District Travel Rei	Meals Meals	Amour	other Expenses Explanation	travel return date.***
original in the property of th	# Miles # Miles · () ·	ipts and signature of 03.225: "Out-out-out-out-out-out-out-out-out-out-o	res.	Meals Meals Anatomic Meals Meals Meals Meals Meals Meals	Amour	ed within thirty (30) days of the Other Expenses	Total A G A G A G A G A G A G A G A

Date

CFO Approval

Supervisor Signature

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Na	me AST	neu N	eally	Date:	Submitted	10/31/23	
School/Work		andin F	Tementa	The state of the s			
		ence Preso	chool TS	sta Data		reentree Nort	<u>h</u>
Date(s) of Me			nous Da	TCS_Departu	ure Time	804MReturn Tim	e IIAM
Place of Meet	ing/Confer	ence <u>GN</u>	entrel	North			
Rationale for							
Expenses paid	by:	SBDM □ PD	☐ Spec Ed ☐ K	ETS Other (M	1UST Speci	fy)	
Estimated Exp	oenses:						
Registration		See policy		eage Airfar per mile	THE PERSON NAMED IN COLUMN	ostitute Other T	Total Est. Expenses
Principal Sign	ature: 🎢	agur		Grant/Ad	dmin:	1	
Prior Superint	endent App	oroval:		1	1/	Required if Expenses are Paid	d by Grant Funds
		ot Approved			XVV		Date
Reason			Sup	eri ntendent Signa	iture		Date
THE PARTY OF THE P		returning. Inclu	de any TD	AVEL EVDE	NICE DE	IMBURSEMENT	REQUEST
		ipts and signatu and 03.225: "Out-o	C-F-O	3 3013 373 11			
			C-F-O	3 3013 373 11		d within thirty (30) days of the Other Expenses Explanation	
*** Per Board F	Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date	# Miles	Charge @ \$.46	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board I	# Miles	and 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date	# Miles	Charge @ \$.46 2130 2130	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date Date Date Date Date Date Date Date Date	# Miles	Charge @ \$.46 2130 2130 2:30	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date	# Miles	Charge @ \$.46 2130 2130	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date Date Date Date Date Date Date Date Date	# Miles	Charge @ \$.46 2130 2130 2:30	f-District Travel Rei	mbursements MUST	be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
Date	# Miles 5.0 5.0 5.0 5.0	Charge @ \$.46 2130 2130 2:30 2:30 2:30	F-District Travel Rei	Meals Must	Amount	d within thirty (30) days of the Other Expenses	travel return date.***
Date	# Miles 5.0 5.0 5.0 5.0 by certify that mpson County	Charge @ \$.46 2130 2130 2:30 2:30 2:30 2:30 Charge @ \$.46	Lodging Lodging ded in the above stapacity of official but	Meals Meals atement were incurrusiness; that they are	Amount Amount ed by an e proper	d within thirty (30) days of the Other Expenses Explanation	travel return date.***
Date	# Miles 5.0 5.0 5.0 5.0 by certify that mpson Country ng for reimize	Charge @ \$.46 2130 2130 2:30 2:30 2:30 3:30 Charge @ \$.46	Lodging Lodging ded in the above stapacity of official but	Meals Meals atement were incurrusiness; that they are ard of Education; and	Amount Amount ed by an e proper d that all	d within thirty (30) days of the Other Expenses Explanation	travel return date.***
Date	# Miles 5.0 5.0 5.0 5.0 by certify that mpson Country ng for reimize	Charge @ \$.46 2130 2130 2:30 2:30 2:30 3:30 Charge @ \$.46	Lodging Lodging ded in the above stapacity of official businesses county Bo	Meals Meals atement were incurrusiness; that they are ard of Education; and	Amount Amount ed by an e proper d that all	Reimbursement Due	Total \$ 2.30 \$ 2.30 \$ 2.30 \$ 2.30 \$ 30 \$ 30 \$ 30
Date	# Miles 5 0 5 0 5 0 5 0 5 0 6 0 6 0 6 0	Charge @ \$.46 2130 2130 2:30 2:30 2:30 3:30 Charge @ \$.46	Lodging Lodging ded in the above stapacity of official businesses county Bo	Meals Meals atement were incurrusiness; that they are ard of Education; and	Amount ed by an e proper d that all	d within thirty (30) days of the Other Expenses Explanation Reimbursement Due	Total \$ 2.30 \$ 2.30 \$ 2.30 \$ 2.30 \$ 30 \$ 30 \$ 30

Date

CFO Approval

Employee Na	me (\05	stin Dy	ier	Date	Submitte	9-20-2	3	
		45 West						
Name of Mer	eting/Confe	rence Contin	numas Improve	ment Confo	unce			
Date(s) of M	ecting/Confe	erence <u> </u>	9/26	Depart	ure Time _	Z:00 PM	Return Tim	1e 7:00 PM 9/26
						9/24		9/26
Place of Mee	ting/Confer	ence <u>Lexii</u>	ngton, Ky	T T	> 1	1. 5		
Rationale for			Success				sea Ler	
Expenses pai	d by: ਓ	SBDM □ PD	☐ Spec Ed ☐ K	ETS Other (I	MUST Spec	:ity)		
Estimated Ex	penses:							
Registratio	h Lodg		eals Mile ty on back* \$0.46 p 344 mil \$155	er mile		ubstitute .00 per day		Total Est. Expenses
Principal Sigr Prior Superin Approv Reason	tendent App red N	ot Approved	Supe	Grant/A	30	Required if Exp	penses are Pai	d by Grant Funds
					- 171 - 17	EIIVIENEIN I	LIVILIA	
original	required rece	Charge @	ires.	AVEL EXPE		ed within thirty (3 Other Expenses		travel return date.*** Total
original *** Per Board Date	required rece Policy 03.125 a # Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	mbursements MUS	T be submitte	ed within thirty (3 Other Expenses	0) days of the	travel return date.***
original Per Board Date	required rece Policy 03.125 a	eipts and signatu and 03.225: "Out-o Charge @	ires. of-District Travel Rein	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	travel return date.*** Total
Per Board Date 9 24 9 25	# Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	Total 528.66
original Per Board Date	required rece Policy 03.125 a # Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	Total 528.66
Per Board Date 9 24 9 25	# Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	Total 528.66
Per Board Date 9 24 9 25	# Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	Total 528.66
Per Board Date 9 24 9 25	# Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	Total
Per Board Date 9 24 9 25 9 26	# Miles	cipts and signatu and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	of-District Travel Rein Lodging	Meals 20.00	T be submitte	ed within thirty (3 Other Expenses	0) days of the	Total
original *** Per Board Date 9 2 4 9 2 5 9 2 6 BY	# Miles	charge @ \$.46 76, \$2	Lodging \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Meals 20.00 40.00 40.00	Amoun	ed within thirty (3 Other Expenses t Expla	0) days of the	Total
Date 9 24 9 25 9 26 Affidavit: I here employee of Scharges qualifications	# Miles # Miles # Miles # Miles # Miles # Miles # Miles	charge @ \$.46 70.12 t all expenses included the control of the c	of-District Travel Rein Lodging	Meals 20.00 40.00 40.00 atement were incursiness; that they are ard of Education; are	Amoun Amoun rred by an are proper	ed within thirty (3 Other Expenses t Expla	ement Due	Total

Employee Name Lacey K. Phillips	Date Submitted	10/10/23
School/Work Site FSAS VSC		- :
Name of Meeting/Conference Tous For	Tots meeting 19BIS 16	300dw;11
Date(s) of Meeting/Conference 1011133	Departure Time	2:00pm Return Time 3:00pm
Place of Meeting/Conference Bowling Are	1	<i>A</i> .
Rationale for Attendance Ttems For PR		
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST Specify)	0409104-0580-138K
Estimated Expenses:		
	Mileage Airfare Substantial Su	citute Other Total Est. Expenses
Principal Signature Sugliance (100)	Olum Grant/Admin:	less the
Prior Superintendent Approval:	1-011	Required if Expenses are Paid by Grant Funds
Approved Not Approved	- AN	
Reason	Superintendent Signature	Date
Submit this section upon returning, include any	TRAVEL EXPENSE REL	MBURSEMENT REQUEST
eriginal required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.***
	vel Reimbursements MUST be submitted v	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted v	vithin thirty (30) days of the travel return date.*** ther Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Meals Amount bove statement were incurred by an ficial business; that they are proper unty Board of Education; and that all	vithin thirty (30) days of the travel return date.*** ther Expenses Total
Pare Board Policy 03.125 and 03.225: "Out-of-District Translation Date # Miles Charge @ \$.46 Lodging \$.46 Affidavit: I hereby certify that all expenses included in the aemployee of 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 of charges qualifying for reimbursement from the Simpson County Schools in the capacity of the capaci	Meals Meals Amount bove statement were incurred by an ficial business; that they are proper unty Board of Education; and that all my knowledge.	ther Expenses Explanation Total Reimbursement Due

	ame //ucv	yaw Barm	m	Dat	e Submitted		14 105	
School/Wor	k Site SE	S						
Name of Me	eting/Confere	ence	confe	ru				
Date(s) of M	leeting/Confe	rence	19 / 23	Depar	ture Time _	7:30	Return Tin	ne <i>3:36</i>
		170	County					
Rationale fo	r Attendance	Our team is	going to pu	rticipale to re	eif this	grant is	pest practice	for SES
			□ Spec Ed □ I					
Estimated Ex	xpenses:							
Prior Superir	nature:	See policy \$2 Coval:	y on back* \$0.46 \$ 18 \$ 40 m. 14	eage Airfa per mile . +/o Grant/o erintendent Sign	Admin:	bstitute 00 per day Required	Other if Expenses are Pa	id by Grant Funds Date
C. b. wie obic		esturning Inclu	do any			THE REST OF THE		
original	required recei	returning. Inclu pts and signatu	res. K					T REQUEST
*** Per Board	Policy 03.125 ar	nd 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitte	d within thi	rty (30) days of the	e travel return date.***
			Water Street	CONTROL UNIO	U.S. P. S. W. L.	C C T C T T T T T		
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expe		Total
		Charge @				Other Expe	enses	
		Charge @				Other Expe	enses	
		Charge @				Other Expe	enses	
		Charge @				Other Expe	enses	
		Charge @				Other Expe	enses	
		Charge @				Other Expe	enses	
		Charge @				Other Expe	enses	
Date Affidavit: I her	# Miles	Charge @ \$.46	Lodging ded in the above st	Meals	Amount	Other Expe	enses	Total
Affidavit: I her employee of Scharges qualif	# Miles reby certify that a Simpson County ying for reimburs	Charge @ \$.46 \$.46 all expenses inclusions in the casement from the	Lodging	Meals tatement were incursiness; that they hard of Education; a	Amount Irred by an are proper and that all	Other Expe	enses Explanation Dursement Due	Total
Affidavit: I her employee of Scharges qualif	# Miles reby certify that a simpson County ying for reimburs there within is true.	Charge @ \$.46 \$.46 all expenses inclusions in the casement from the	Lodging ded in the above stapacity of official b Simpson County Bo	Meals tatement were incursiness; that they hard of Education; a	Amount	Reimi	enses Explanation Dursement Due	Total

Employee Na	me Lacer	K Phil	ips	Date	Submitted	10/10	0123	
School/Work	Site FSH	345C						
Name of Mee	eting/Confere	ence Rea	ion 2 Me	eting				
		rence 10/10	9	Depart	ture Time _	Bam	Return Tin	ne <u>30m</u>
		nce logen						
Rationale for	Attendance	Region 2	ueeting					
Expenses pai	d by:	BDM □ PD	☐ Spec Ed ☐ KI	TS DrOther (MUST Speci	fy) <u>040910</u>	4-0580-12	98K
Estimated Ex	penses:							
Registration			eals Mile \$0.46 p.	er mile	\$10	ostitute O per day	Other	Total Est. Expenses
Principal Sigr Prior Superin	10	roval:		Grant//	Admin:	Required i	f Expenses are Pa	id by Grant Funds
	U	ot Approved			510			10/10/27
Reason			Supe	rintendent Sigr	nature			Date
*** n n	D-Um. 02 12F o	nd 02 775. "Out.	res. I IV/	shursements MHS	T he submitte	d within thir	ty (30) days of the	e travel return date.**
*** Per Board Date	Policy 03.125 a	Charge @		nbursements MUS Meals		Other Expe	ıses	e travel return date.** Total
1. 37A35. 3X			of-District Travel Rein	to the Park !	T be submitte Amount	Other Expe		
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Park !		Other Expe	ıses	
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Park !		Other Expe	ıses	
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Control		Other Expe	ıses	
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Control		Other Expe	ıses	
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Control		Other Expe	ıses	
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Control		Other Expe	ıses	
1. 37A35. 3X		Charge @	of-District Travel Rein	to the Control		Other Expe	nses xplanation	Total
Affidavit: I here employee of Scharges qualify	# Miles # Miles eby certify that Simpson County ying for reimbur	Charge @ \$.46 all expenses included Schools in the corsement from the	of-District Travel Rein	Meals atement were incusiness; that they are of Education; a	Amount	Other Expe	rses xplanation ursement Due	Total
Affidavit: I here employee of Scharges qualify	# Miles eby certify that simpson County ying for reimbur here within is to	Charge @ \$.46 all expenses included Schools in the corsement from the	Lodging Lodging uded in the above stapacity of official but Simpson County Boa	Meals atement were incusiness; that they are of Education; a	Amount	Reimb	rses xplanation ursement Due	Total

	lame	YOU LYC	rsman	Dat	e Submitted	10/16	
School/Wor	k Site Frau	Klin El	incoln Ele	m PRC			
Name of Me	eeting/Confere	nce PRyS	Regiona	1 meeting	Child	Fatality Training	ng
Date(s) of N	leeting/Confe	rence 10 10	11230	Depar	ure Time _	Return Tim	e <u>lpm</u>
Place of Me	eting/Confere	nce Logan	co ctc 2	400 Bowli	ug Gin	un Rd. Russelly	ile Ky
Rationale fo	or Attendance	regnor	al meet	Eng			
Expenses pa	aid by: 🗆 S	BDM □ PD I	□ Spec Ed □ K	ETS ^V 炕 Other (MUST Spec	ify) PRYSC	
Estimated E	xpenses:					9	
Registratio	on Lodgir					ubstitute Other 7 .00 per day	Total Est. Expenses
0 8 F 3	Mary Color Total	See policy			۷۱	oo per day	10 -
			42	.4			19.50
Principal Sig	gnature:	Dyo Ya	<u>ــــــــــــــــــــــــــــــــــــ</u>	Grant/	Admin:	Jug Mill	
-	ntendent Appl	v		1	111	Required if Expenses are Paid	d by Grant Funds
Appro	oved No	t Approved			8m		6 17 23
Reason			Supe	erintendent Sign	nature		Date
*** Per Board	# Miles	Charge @	Lodging	Meals	F 15 12 1	ed within thirty (30) days of the Other Expenses t Explanation	Total
一九年度五		\$.46			Amoun	t Explanation	
		1					
Affidavit: I he	ereby certify that	all expenses inclu	ded in the above sta	atement were incursings: that they	arred by an	Reimbursement Due	
employee of charges qualit	Simpson County fying for reimburs	Schools in the ca sement from the !	pacity of official bu Simpson County Boa	isiness; that they ard of Education; a	are proper		
employee of charges qualit	Simpson County fying for reimburs	Schools in the ca sement from the !	pacity of official bu	isiness; that they ard of Education; a	are proper	Reimbursement Due Central Office Use:	
employee of charges quali data furnished	Simpson County fying for reimburs d here within is tr	Schools in the ca sement from the !	pacity of official bu Simpson County Boa	isiness; that they ard of Education; a rledge.	are proper	Central Office Use:	
employee of charges qualit	Simpson County fying for reimburs d here within is tr	Schools in the ca sement from the !	pacity of official bu Simpson County Boa	isiness; that they ard of Education; a	are proper		
employee of charges quali data furnished	Simpson County fying for reimburs d here within is tr Signature	Schools in the ca sement from the !	pacity of official bu Simpson County Boa	isiness; that they ard of Education; a rledge.	are proper	Central Office Use:	

Employee Name	oel Hons	hell	Dat	e Submitt	ed 10//	3/23	
School/Work Site	10	. Elener	Mary	1 / 1	7.17.	,	
Name of Meeting/Co	onference RCO	ional 1	nelting	(M	75C)		0. / /
Date(s) of Meeting/C	conference DITO	123	Depar	ture Time	0.00	Return Ti	ime 115M
Place of Meeting/Co	ofference Dyor	Countr	1 CTC	2401	5 1507	Rd Ry	156//Ville
Rationale for Attenda	ance CMIO	Paliti	TY 7/11	nung			
Expenses paid by:	□ SBDM □ PD	□ Spec Ed □ F	(ETS 🗖 Other ((MUST Spe	cify) FRC	Grant	
Estimated Expenses:							
Registration L			eage Airfa per mile		Substitute 5100 per day	Other	Total Est. Expenses
Principal Signature:	ulita	Ch ann	— Grant/A	Admin:	Len	1///	
Prior Superintendent		0	1 -	00	Required i	f Expenses are P	aid by Grant Funds
Approved	_ Not Approved		1	L		10	11/27
Reason		Sup	erintendent Sigr	nature			Date
Submit this section u			AVFI FXDI	ENSER	EMBU	RSEMEN	TREQUEST
*** Per Board Policy 03.		Strict Collective			ted within thirt	ty (30) days of th	
Control Sales III Sales II	125 and 03.225: "Out-o	Strict Collective			ted within thirt Other Exper	ty (30) days of th	
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
*** Per Board Policy 03.	25 and 03.225: "Out-o	of-District Travel Rei	mbursements MUS	T be submit	ted within thirt Other Exper	ty (30) days of th	e travel return date.***
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Date # Mile Affidavit: I hereby certify	Charge @ \$.46 that all expenses incluunty Schools in the cambursement from the	ded in the above stapacity of official bu	Meals Meals Attement were incursiness; that they and of Education; are	Amour Amour	other Exper	ty (30) days of the inses explanation	Total
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	The second secon	A CONTRACTOR ASSESSMENT				141 5500	
Employee Nar	ne She	cena J	earcy	Date	Submitted	9/29/2	3
School/Work	Site F	2.42	O				
Name of Mee	ting/Confere	nce FBL	A Regio	n 2 Fall	Lender	ship conf	eknee
Date(s) of Me	eting/Confe	rence	20 23	Depart	ure Time	hip Conf	ime <u>3</u>
Place of Meet	ing/Confere	nce WK	KU				
Rationale for	Attendance	Local	officer.	training		-	
Expenses paid	l by: 🔲 S	BDM □ PD	☐ Spec Ed	☐ KETS ☐ Other (I	MUST Specify)	_ FBLA	*
Estimated Exp	enses:						
Registration			icy on back* \$0	Mileage Airfa .46 per mile MOOI	\$100 pe		Total Est. Expenses
Principal Signa		Oval.		Grant/A		equired if Expenses are I	Paid by Grant Funds
Prior Superint	/ /			161			10/2/27
Reason		t Approved	-	Superintendent Sign	ature		Date
Neason				superintendent sign			
्रमश्रीतना ह	बन्धारकत रेक्दर्भ	វិទីសម្រែលកម្ម	ures			MBURSEMEN ithin thirty (30) days of t	NT REQUEST the travel return date.***
Date	# Miles	Charge @	Lodging	Meals	Ot	her Expenses	Total
Date	TI IVIIICS	\$.46			Amount	Explanation	
			The second second				
Affidavit: I herel	npson County	Schools in the	capacity of offici	ve statement were incural business; that they a	ire proper	Reimbursement Du	Je .
Affidavit: I herel employee of Sir charges qualifying	npson County	Schools in the sement from th	capacity of offici	al business; that they a y Board of Education; a	ne proper nd that all	Reimbursement Du	AC THE STATE OF TH
Affidavit: I herel employee of Sir charges qualifying	npson County	Schools in the sement from thoue and correct t	capacity of offici e Simpson Count to the best of my	al business; that they a y Board of Education; a	re proper nd that all Cer	ntral Office Use:	Je
Affidavit: I herel employee of Sir charges qualifying	mpson County ng for reimburs ere within is tr	Schools in the sement from th	capacity of offici e Simpson Count to the best of my	al business; that they a y Board of Education; a	re proper nd that all Cer	the collection of the later of making	Je
Affidavit: I herel employee of Sir charges qualifyir data furnished h	mpson County ng for reimburs here within is tr	Schools in the sement from thoue and correct t	capacity of offici e Simpson Count to the best of my	al business; that they a y Board of Education; a knowledge.	Cer	ntral Office Use:	Je

Employee N	lama Saul	wh Ril	nardson	Date	e Submitte	od 10/27/20	23
		entral	office	Dutt	o Submitte		
		erence Kin	MIKNA	Admin	. (0	ference	
Date(s) of N	leeting/Conf	ference 10/23	- 19/24/202			7:30 am Return	Time 3:30pm
			histian	1907	/con	Λ ,	
Rationale fo	r Attendanc	e Amusl	trainir		irea		
Expenses pa	aid by:	SBDM □ PD	☐ Spec Ed ☐ F	(ETS Other (I	MUST Spe	cify) Food Je	Nice
Estimated E				V			
Registratio	on Lod	, 0		eage Airfa		Substitute Other	Total Est. Expenses
	450			per mile		100 per day	738.36
	•	120	100				
Principal Sig		proval:		Grant/A	\dmin:	Required if Expenses are	Paid by Grant Funds
Prior Superi		ot Approved	,	1511			. /
Reason	i		Sun	erintendent Sign	ature		(0 12 23 Date
		n returning. Inclu		AVEL EXPE	ENSE R	EIMBURSEMEI	NT REQUEST
Andrew Married	required rec Policy 03.125	Company of the last of the las				ted within thirty (30) days of	
Andrew Married	The second second	and 03.225: "Out-	of-District Travel Rei		T be submitt	ted within thirty (30) days of Other Expenses	
*** Per Board Date	# Miles	charge @ \$.46	of-District Travel Rei	mbursements MUST		ted within thirty (30) days of Other Expenses	the travel return date.*** Total
*** Per Board	Policy 03.125	and 03.225: "Out-	of-District Travel Rei	Meals 20.00	T be submitt	ted within thirty (30) days of Other Expenses	Total
*** Per Board Date	# Miles	charge @ \$.46	of-District Travel Rei	mbursements MUST	T be submitt	ted within thirty (30) days of Other Expenses	the travel return date.*** Total
Date	# Miles	charge @ \$.46	Lodging	Meals 20.00	T be submitt	ted within thirty (30) days of Other Expenses	Total
Per Board Date 10/23 10/214	# Miles	charge @ \$.46	Lodging 143.08	Meals 20.00	T be submitt	ted within thirty (30) days of Other Expenses	Total 247.26 183.08
Date 10/23 10/24 10/25	# Miles	Charge @ \$.46	Lodging 143.08	Meals 20.00 40.00	T be submitt	ted within thirty (30) days of Other Expenses	Total 247.26 183.08
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Date	# Miles # Miles 183 IS3 reby certify tha Simpson Countying for reimbu	Charge @ \$.46 SH.18 SH.18	Lodging 143.08 143.08 143.08 143.08 143.08 Simpson County Bo	Meals 20.00 40.00 20.00 atement were incurusiness; that they are ard of Education; and wiedge.	Amour Amour Tred by an re proper and that all	Other Expenses The Explanation Reimbursement D	Total 247.26 183.08 183.08
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Hyatt Place Lexington

2001 Bryant Road Lexington, KY 40509 Tel: 859-296-0091

Fax: 859-543-0901 lexington.place.hyatt.com

INVOICE

Sarah Richardson 221 Stephens Hill Rd Franklin KY 421349553 **United States**

Confirmation No.

5199479101

Group Name

Room No.

0126

Arrival

10-23-23

Departure

10-26-23

Folio Window

Folio No.

261690

1

Date	Description		Charges	Credits
10-23-23	Accommodation		130.66	
10-23-23	State Sales Tax		8.58 ~	
10-23-23	City/County Tax		11.11	
10-23-23	Lodging Tax		1.31	
10-24-23	Accommodation		130.66	
10-24-23	State Sales Tax		8.58 🗸	
10-24-23	City/County Tax		11.11	
10-24-23	Lodging Tax		1.31	
10-25-23	Accommodation		130.66	
10-25-23	State Sales Tax		8.58	
10-25-23	City/County Tax		11.11	
10-25-23	Lodging Tax		1.31	
10-26-23	Visa	XXXXXXXXXXXX5286 XX/XX		454.98
		Total	454.98	454.98
Guest Signatur	re	Balance	0.00	

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

World of Hyatt Summary

Membership:

XXXXXX454R

Bonus Codes:

Qualifying Nights:

Eligible Spend:

391.98

Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Lexington. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: **Hyatt Place Lexington** 2001 Bryant Road Lexington, KY 40509

Employee N	ame <u>WÜ</u>	nob Ever	sman	Date	e Submitte	d	10/10/2	<u> </u>
		LE PR						
			onal Colle		,			
	leeting/Confe		4	Depar		•		-
Place of Me	eting/Confere	nce <u>Allen</u>	Co Extens	in of	CP 2	<u>wen</u>	min St S	Scotton le 14
Rationale fo	r Attendance	quart	orly meet	ing for	Carly C	hildho	od	
Expenses pa	nid by:	BDM □ PD	☐ Spec Ed ☐ K	ETS Of Other (MUST Spe	cify)	upc	
Estimated E	xpenses:							
Registratio	on Lodgii			eage Airfa per mile		ubstitute 100 per day	Other	Total Est. Expenses
		See ponc		mi		100 με. αυγ		\$23.00
Principal Sig	nature:	aliko,	Days	Grant/ <i>l</i>	Admin:	hell	1/_	
	ntendent App	roval:		1	1/	Require	d if Expenses are Pa	id by Grant Funds
Appro	ved No	ot Approved		8	W_		10	17/23
Reason			Supe	erintendent Sigr	nature			Date
	required recei	returning. Inclu		AVEL EXPI	FN2F H	FIMBL	JK2FIMFIN	T REQUEST
THE RESIDENCE OF THE PARTY OF T			AND DESCRIPTION OF THE PERSON	mbursements MUS	T be submit	ed within th	irty (30) days of th	e travel return date.***
THE RESIDENCE OF THE PARTY OF T			AND DESCRIPTION OF THE PERSON	mbursements MUS	T be submit	Other Exp		e travel return date.*** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Rei	STATE SEC.		Other Exp	enses	
*** Per Board	# Miles	nd 03.225: "Out-o	Lodging	Meals	Amour	Other Exp	enses Explanation	Total
*** Per Board Date Affidavit: I he employee of	# Miles # Office of the second of the secon	charge @ \$.46 \$.46	Lodging Lodging Lodging Lodging Lodging	Meals atement were incursiness; that they a	Amour	Other Exp	enses	Total
Affidavit: I he employee of charges qualif	# Miles # Miles reby certify that Simpson County fying for reimbur	charge @ \$.46 s.46 all expenses inclusions in the consequent from the	Lodging Lodging Lodging	Meals atement were incursiness; that they are ard of Education; a	Amour	Other Exp	enses Explanation	Total
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Employee Name Catherine Poole Date	Submitted 10-11-23
School/Work Site FSMS	
Name of Meeting/Conference National FFA Convent	ion and Expo
Date(s) of Meeting/Conference November 1-3, Departu	ure Time 5:30 am Return Time 6:30 pm
Place of Meeting/Conference Indianapolis, TN.	
Rationale for Attendance Field trip to National Expenses paid by: SBDM PD Spec Ed KETS Other (N	1 FFA Convention & Expo
Expenses paid by: SBDM PD Spec Ed KETS Other (N	NUST Specify) + +4
Estimated Expenses:	
Registration Lodging Meals Mileage Airfard See policy on back* \$0.46 per mile Principal Signature: Approved Not Approved Reason Superintendent Signal Superintendent Signal Superintendent Signal	Stooper day Parking \$ 622.24 dmin: Required if Expenses are Paid by Grant Funds 10/13/23
Reason Superintendent Signa	nuie Date
Submit this section upon returning. Include any original required receipts and signatures. TRAVEL EXPE	NSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Charge @ Lodging Meals	be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** 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.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Charge @ Lodging Meals	be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Charge @ Lodging Meals	be submitted within thirty (30) days of the travel return date.** Other Expenses Total
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Charge @ Lodging Meals	be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Charge @ Lodging Meals	be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Date # Miles Charge @ \$.46 Lodging Meals Lodging Meals Lodging Meals	Other Expenses Amount Explanation Total Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Date # Miles Charge @ Lodging Meals Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incurred."	Other Expenses Amount Explanation Total Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST Date # Miles Charge @ Lodging Meals \$.46 Lodging 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 Reimbursement Due

Rationale for Attendance ' VVV	Jemen tary		FRL
Registration Lodging Meals See policy on be See policy on be Principal Signature:	Mileage Airfare \$0.46 per mile Grant/Admin: Superintendent Signature	\$100 per day	by Grant Funds Date
Submit this section upon returning. Include an original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.46	trict Travel Reimbursements MUST be subn	REIMBURSEMENT mitted within thirty (30) days of the too Other Expenses ount Explanation	
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the bound	ry of official business; that they are prope son County Board of Education; and that a	er	
Employee Signature	Date	Coding	
Supervisor Signature	Date	CFO Approval	a. Live

Employee Name Locey K. Phillips	Date Submitted 10/16/23
School/Work Site FSHS VSC	
Name of Meeting/Conference Fall I	stitue
Date(s) of Meeting/Conference	
Place of Meeting/Conference	marrial Downtown Paris
Rationale for Attendance FRYSC Con	
Expenses paid by: SBDM PD S	pec Ed I KETS I Other (MUST Specify) 0402104-0580-128K
Estimated Expenses:	
Registration Lodging Meals See policy on # 140.	21-81
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
V ApprovedNot Approved	10/18/23
Reason	Superintendent Signature Date
Submit this section upon returning, include a original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
	Control of the travel return date.* Other Expenses Lodging Meals Amount Explanation Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Di	Strict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Di	Strict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Total
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*** Per Board Policy 03.125 and 03.225: "Out-of-Di	Cother Expenses Lodging Meals Amount Explanation Total in the above statement were incurred by an ity of official business; that they are proper pson County Board of Education; and that all
Per Board Policy 03.125 and 03.225: "Out-of-Di Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim	Cother Expenses Lodging Meals Amount Explanation Total in the above statement were incurred by an ity of official business; that they are proper pson County Board of Education; and that all

Employee Name Amie Chan	M Date Submitted 10 20 33	
School/Work Site 55	7	
Name of Meeting/Conference Trauma	Informed Skills for Educator	
Date(s) of Meeting/Conference 11/9/23	Departure Time 8:00 Return Time 5100	
Place of Meeting/Conference	REC	
Rationale for Attendance Training	Sor Social Work	
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on back* Principal Signature:	Mileage Airfare Substitute Other Total Est. Exper \$0.46 per mile \$100 per day \$\frac{1}{2}\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot	0
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds	
Approved Not Approved	- TYM	
Reason	Superintendent Signature Dat	:e
Submit this section upon returning. Include any	TDAVEL EXPENSE REIMBURSEMENT RECITE	
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travelle Date # Miles \$.46 Lodging	TRAVEL EXPENSE REIMBURSEMENT REQUES Tel Reimbursements MUST be submitted within thirty (30) days of the travel return day Other Expenses Amount Explanation Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	rel Reimbursements MUST be submitted within thirty (30) days of the travel return date. Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	rel Reimbursements MUST be submitted within thirty (30) days of the travel return date. Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	rel Reimbursements MUST be submitted within thirty (30) days of the travel return date. Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	rel Reimbursements MUST be submitted within thirty (30) days of the travel return date. Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	rel Reimbursements MUST be submitted within thirty (30) days of the travel return date. Other Expenses Total	
Date # Miles Charge @ Lodging \$.46 Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the abeemployee of Simpson County Schools in the capacity of office.	Other Expenses Amount Explanation Total Over statement were incurred by an cial business; that they are proper	
Date # Miles Charge @ Lodging \$.46 Date # Miles S.46 Lodging S.46 Affidavit: I hereby certify that all expenses included in the ab	Other Expenses Amount Explanation Over statement were incurred by an cial business; that they are proper nty Board of Education; and that all	
Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the Simpson County School School School School School School School School S	Other Expenses Amount Explanation Over statement were incurred by an cial business; that they are proper nty Board of Education; and that all	

Employee Name Catherine Poole Date Submitt	ed 10-11-23
School/Work Site F5MS	
Name of Meeting/Conference NAILE Rodeo	
Date(s) of Meeting/Conference Nov. 10, 2023 Departure Time	12:00 pm Return Time 12:00 am
Place of Meeting/Conference Louisville, KY	. = /
Rationale for Attendance North American International	Livestock Expo & Rodeo-FA.
Expenses paid by:	ecify) FFA
Estimated Expenses:	
Registration Lodging Meals Mileage Some policy on back* \$0.46 per mile NA \$20.00 WA WA Principal Signature: Grant/Admin:	Substitute \$100 per day Parking B4+0.00 Required if Expenses are Paid by Grant Funds Date
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit Date # Miles Charge @ Lodging Meals Amou	Other Expenses Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.	Reimbursement Due Central Office Use:
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	Central Office Use:
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	