

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 Ashley Nealy 9577 Date Submitted 10/31/23
School/Work Site Franklin Elementary
Name of Meeting/Conference Preschool TSG Data for Greentree South
Date(s) of Meeting/Conference Various Dates Departure Time 8AM Return Time 11pm
Place of Meeting/Conference Greentree South

Rationale for Attendance _____

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: [Signature] Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

____ Approved ____ Not Approved... [Signature]

Reason _____ Superintendent Signature _____ Date _____

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 Amount Explanation	Total
10/11	1.0	.46	—	—	—	.46
10/12	1.0	.46	—	—	—	.46
10/18	1.0	.46	—	—	—	.46
10/19	1.0	.46	—	—	—	.46
10/25	1.0	.46	—	—	—	.46
10/26	1.0	.46	—	—	—	.46

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 Signature Ashley Nealy Date 10/31/23

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

0202001-0580-562JP
Coding

CFO Approval

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 Ashley Nealy ⁹⁵⁷⁷ Date Submitted 10/31/23
School/Work Site Franklin Elementary
Name of Meeting/Conference Preschool T&E Data for Greentree North
Date(s) of Meeting/Conference Various Dates Departure Time 8:00 AM Return Time 11 AM
Place of Meeting/Conference Greentree North

Rationale for Attendance _____

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

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

____ Approved ____ Not Approved...

Reason _____ Superintendent Signature _____ Date _____

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

TRAVEL EXPENSE 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 Amount	Explanation	Total
10/9	5.0	2.30	—	—	—	—	\$2.30
10/10	5.0	2.30	—	—	—	—	\$2.30
10/14	5.0	2.30	—	—	—	—	\$2.30
10/23	5.0	2.30	—	—	—	—	\$2.30
10/31	5.0	2.30	—	—	—	—	\$2.30

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Employee Signature Ashley Nealy Date 10/31/23

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

0202001-0580-562JP
Coding

CFO Approval

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lacey K. Phillips Date Submitted 10/10/23
 School/Work Site FSHS VSC
 Name of Meeting/Conference Toys for Tots meeting / PBIS / Goodwill
 Date(s) of Meeting/Conference 10/11/23 Departure Time 12:00pm Return Time 3:00pm
 Place of Meeting/Conference Bowling Green, KY
 Rationale for Attendance Items for PBIS Donated, Toys for Tots Meeting, Goodwill
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104-0580-128K

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>55</u> \$25.30				

Principal Signature Stephanie Donovan Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date _____

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

TRAVEL EXPENSE 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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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michael Barnum Date Submitted 10/16/23

School/Work Site SES

Name of Meeting/Conference Marzano Conference

Date(s) of Meeting/Conference 10/19/23 Departure Time 7:30 Return Time 3:30

Place of Meeting/Conference Logan County CTC

Rationale for Attendance Our team is going to participate to see if this grant is best practice for SES.

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>\$20.00</u>	<u>\$18.40</u> 40 miles				

Principal Signature: [Signature] Grant/Admin: _____

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

Superintendent Signature

Required if Expenses are Paid by Grant Funds

10/17/23
Date

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 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.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Lacey K. Phillips Date Submitted 10/16/23
School/Work Site FSHS ysc
Name of Meeting/Conference Region 2 Meeting
Date(s) of Meeting/Conference 10/19/23 Departure Time 8am Return Time 3pm
Place of Meeting/Conference Logan Co. CTC
Rationale for Attendance Region 2 Meeting
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0400104-0580-128K

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>43</u> 19.78				

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ Date 10/17/23

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 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.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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 Lucinda Eversman Date Submitted 10/16/23
School/Work Site Franklin & Lincoln Elem PRC
Name of Meeting/Conference PRYSC Regional meeting / Child Fatality Training
Date(s) of Meeting/Conference 10/19/23 Departure Time 8am Return Time 1pm
Place of Meeting/Conference Logan Co CTC 2400 Bowling Green Rd. Russellville Ky
Rationale for Attendance regional meeting
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) PRYSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			42.4				19.50

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ Date 10/17/23

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 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.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Honsheil Date Submitted 10/13/23
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Regional Meeting (FRC/SC)
 Date(s) of Meeting/Conference 10/10/23 Departure Time 8:00 Return Time 2:15
 Place of Meeting/Conference Ligon County CTC 2400 BGA Rd Russellville
 Rationale for Attendance Child Fatality Training
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FRC Grant

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 10/17/23

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 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.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

Submit this form to the Principal and Superintendent for PRIOR APPROVAL
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Attach Meeting Registration form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sheena Searcy Date Submitted 9/29/23
School/Work Site FSHS
Name of Meeting/Conference FBLA Region 2 Fall Leadership Conference
Date(s) of Meeting/Conference 10/20/23 Departure Time 730 Return Time 3
Place of Meeting/Conference WKU
Rationale for Attendance Local officer training
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FBLA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	School Van Requested	—	—	—	0

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 10/13/23

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.

Employee Signature Sheena Searcy Date _____
Supervisor Signature JSH Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

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 Sarah Richardson Date Submitted 10/27/2023
School/Work Site Central Office
Name of Meeting/Conference KSNA / KDA Admin. Conference
Date(s) of Meeting/Conference 10/23 - 10/26/2023 Departure Time 7:30am Return Time 3:30pm
Place of Meeting/Conference NE Christian Church / Conf. Center
Rationale for Attendance Annual training for Directors w/ KJE & KDA
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Food Service

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	450.00	120.00	168.36				738.36

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____
J Shl Superintendent Signature 10/12/23 Date

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	
10/23	183	84.18	143.08	20.00			247.26
10/24			143.08	40.00			183.08
10/25			143.08	40.00			183.08
10/26	183	84.18		20.00			104.18

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 717.60

Sarah Richardson 10/27/2023
Employee Signature Date
J Shl 10/30/23
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval



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

Room No. 0126
Arrival 10-23-23
Departure 10-26-23
Folio Window 1
Folio No. 261690

Confirmation No. 5199479101
Group Name

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
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Guest Signature

Balance	0.00
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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.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

Membership: XXXXXX454R
Bonus Codes:
Qualifying Nights: 3
Eligible Spend: 391.98
Redemption Eligible: 0.00

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

Summary Invoice, please see front desk for eligibility details.

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 Lucinda Eversman Date Submitted 10/16/23
 School/Work Site FE LE FRC
 Name of Meeting/Conference Regional Collaborative
 Date(s) of Meeting/Conference 10/26/23 Departure Time 12pm Return Time 2pm
 Place of Meeting/Conference Allen Co Extension Office 200 E main St Scottsville, Ky
 Rationale for Attendance quarterly meeting for Early Childhood
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) PRPC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			50mi				\$23.00

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 10/17/23

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 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.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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 Catherine Poole Date Submitted 10-11-23
School/Work Site FSMS
Name of Meeting/Conference National FFA Convention and Expo
Date(s) of Meeting/Conference November 1-3, Departure Time 5:30 am Return Time 6:30 pm
Place of Meeting/Conference Indianapolis, IN.
Rationale for Attendance Field trip to National FFA Convention & Expo
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FFA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	\$135.00	457.24 (both vans)	NA	—	Parking \$30	\$622.24

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 10/13/23

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	

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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 Lori Honnell Date Submitted 10/16/23
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Fall Institute
 Date(s) of Meeting/Conference 11-7 - 11-10-23 Departure Time _____ Return Time _____
 Place of Meeting/Conference Mariott Louisville KY
 Rationale for Attendance Fall Conference
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SES Grant FEE

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	<u>\$100</u>	<u>\$120</u>	<u>-</u>				<u>\$220</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 10/17/23

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

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lacey K. Phillips Date Submitted 10/16/23
School/Work Site FSHS VSC
Name of Meeting/Conference Fall Institute
Date(s) of Meeting/Conference Nov. 7-10th, 2023 Departure Time 8am Return Time 6pm
Place of Meeting/Conference Louisville Marriott Downtown
Rationale for Attendance FR/SC Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104-0580-128K

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$140.00	268 \$123.28				

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ Date 10/18/23

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 Amount	Explanation	Total

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Amie Chaney Date Submitted 10/20/23
School/Work Site SES
Name of Meeting/Conference Trauma Informed Skills for Educators
Date(s) of Meeting/Conference 11/9/23 Departure Time 8:00 Return Time 5:00
Place of Meeting/Conference SRREC
Rationale for Attendance Training for Social Work
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
—	—	—	\$27.60	—	—	—	\$27.60

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

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 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.						Reimbursement Due

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Central Office Use:

Coding _____

CFO Approval _____

