Employee Name Amie Chan	Date Subi	nitted 10/24/33	
School/Work Site 555	<i></i>		
Name of Meeting/Conference Education	of Eguity & Nea	Ath Equity Orrer	tativ
Date(s) of Meeting/Conference 11 13 211 14	Departure T	imeReturn Time	4:00
Place of Meeting/Conference		1.1.	
Rationale for Attendance	mng & impleme	ntation	
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST	Specify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	\$100 per day	tal Est. Expenses
Principal Signature:Prior Superintendent Approval: Not Approved  Reason	Grant/Admin	Required if Expenses are Paid I	py Grant Funds
Submit this section upon returning. Include any	TRAVELEXPENS	E REIMBURSEMENT	KEUULSI
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Tra  Charge @ Lodgir  Date # Miles \$.46	vel Reimbursements MUST be su		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of the tr Other Expenses	avel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of the tr Other Expenses	avel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be su	bmitted within thirty (30) days of the tr Other Expenses mount Explanation	avel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Meals  Meals  A  bove statement were incurred by ficial business; that they are prounty Board of Education; and that	Other Expenses  mount Explanation  Explanation  an Reimbursement Due per	avel return date.***
Date # Miles Charge @ Lodgir \$.46  Affidavit: I hereby certify that all expenses included in the all employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for reimbursement from the Simpson County Schools charges qualifying for re	Meals  Meals  A  bove statement were incurred by ficial business; that they are prounty Board of Education; and that	Other Expenses  mount Explanation  Explanation  an Reimbursement Due	avel return date.***

Employee Name Holly Simmor	15 30 Da	te Submitted	11-1-23	
School/Work Site FES / Pre	School			
Name of Meeting/Conference KDE	faci mtg			
Date(s) of Meeting/Conference $\mathcal{N}_{\mathcal{U}\mathcal{V}}$			Return Time	e_2pm_
Place of Meeting/Conference Care C		'n		
Rationale for Attendance	duty		Day / Just	
Expenses paid by:   SBDM PD	ec Ed 🛭 KETS 🗓 Other	(MUST Specify)	TRK Grant	
Estimated Expenses:				
Registration Lodging Meals See policy on bac		fare Subst \$100 pr		e/ <b>%</b> .00
Principal Signature:		/Admin: Kel	equired if Expenses are Paid	by Grant Funds
Approved Not Approved		, Clal	1	iklo
Reason	_ Superintendent Sig	gnature		Date
Submit this section upon returning. Include any original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Policy 03.125 and 03.225:"	I KAVEL EXP		MBURSEMENT	
Charge @			ner Expenses	
Charge @	odging Meals			Total
Date # Miles Charge @		Ot	ner Expenses	
Date # Miles Charge @		Ot	ner Expenses	
Date # Miles Charge @		Ot	ner Expenses	
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Date # Miles Charge @		Ot	ner Expenses	
Date # Miles Charge @		Ot	ner Expenses	
Date # Miles Charge @		Ot	ner Expenses Explanation	
Date # Miles Charge @ \$.46 L  \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	odging Meals  the above statement were incof official business; that they	Amount  curred by an are proper	ner Expenses	
Date # Miles Charge @ \$.46 L	the above statement were incord official business; that they on County Board of Education;	Amount  curred by an are proper and that all	ner Expenses Explanation	
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incord official business; that they on County Board of Education;	Amount  Surred by an are proper and that all	Explanation  Explanation  Reimbursement Due	

Employee Name Josh Tuck.	✓ Date Submitted	9/18/23
Cabaal/Mork Sita Sta ACana	51	
Name of Meeting/Conference	eptimal Children's Confer.	cace_
Date(s) of Meeting/Conference	Departure Time II	19 @ 6:00 Return Time 11/21 @ 4 pm
	+ House Lowisville Ky	
Rationale for Attendance Gross Alex	, wirn our Autism Cadre	& I am presenting.
Expenses paid by: SBDM PD	☐ Spec Ed ☐ KETS ☑ Other (MUST Specify	170
Estimated Expenses:		
HeBiotical and B	y on back* \$0.46 per mile \$100  # 122  Grant/Admin:	Required if Expenses are Paid by Grant Funds  Date
original required receipts and signature  *** Per Board Policy 03.125 and 03.225: "Out-o  Date # Miles Charge @ \$.46	f-District Travel Reimbursements MUST be submitted	within thirty (30) days of the travel return date.***  other Expenses  Explanation  Total
employee of Simpson County Schools in the ca	ided in the above statement were incurred by an apacity of official business; that they are proper	Reimbursement Due
charges qualifying for reimbursement from the data furnished here within is true and correct to	Simpson County Board of Education; and that all	entral Office Use:
charges qualifying for reimbursement from the data furnished here within is true and correct to Employee Signature	Simpson County Board of Education; and that all the best of my knowledge.	entral Office Use:

Employee Name Rachel Raby	Date Submitted <u>10/18/23</u>	
School/Work Site Lincoln Flementan	1 School	
Name of Meeting/Conference GEG. Con (	ference	
Date(s) of Meeting/Conference NOV- 19+ 20	12023 Departure Time 9:00am Return Time 3:00	Pu
Place of Meeting/Conference Wuisville,	KY -> Galt HOUSE	
Rationale for Attendance Required Con		
Expenses paid by:   SBDM PD Spec Ed	KETS Other (MUST Specify) TI + EII	
Estimated Expenses:	,,	
Registration Lodging Meals	Mileage Airfare Substitute Other Total Est. Exp	enses
See policy on back*	\$0.46 per mile \$100 per day	
\$145 \$195 \$40 !	\$125.12 \$100 larking \$605.1	5
Principal Signature: Wayle Haus	Grant/Admin: Keley Rales	_
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fun	ds 1
Approved Not Approved	18/1	0/23
Reason	Superintendent Signature C	ate
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQU	TZ
	avel Reimbursements MUST be submitted within thirty (30) days of the travel return	
	avel Reimbursements MUST be submitted within thirty (30) days of the travel return  Other Expenses	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  Other Expenses  Tota	late.***
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Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the a	Amount Explanation  Tota  Amount Explanation  Belower statement were incurred by an  Other Expenses Amount Explanation  Reimbursement Due	late.***
Date # Miles Charge @ Lodging \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the attemptoyee 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 other schools in the Capacity of the Capacit	Meals  Other Expenses Amount  Explanation  Tota  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all	late.***
Date # Miles Charge @ Lodging \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the accomplesse of Simpson County Schools in the capacity of other services.	Meals  Other Expenses Amount  Explanation  Tota  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all	late.***
Date # Miles Charge @ Lodging \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the attemptoyee 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 other schools in the Capacity of the Capacit	Amount Explanation  Total  Meals Amount Explanation  Above statement were incurred by an efficial business; that they are proper unty Board of Education; and that all my knowledge.  Central Office Use:	late.***
Date # Miles Charge @ Lodging \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the attemptoyee 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 other schools in the Capacity of the Capacit	Meals  Other Expenses Amount  Explanation  Tota  Above statement were incurred by an fficial business; that they are proper unty Board of Education; and that all	late.***
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Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

•	10/m/2	
Employee Name Gracie Caps		
School/Work Site Lincoln Elem		
Name of Meeting/Conference <u>CEC</u>	Conference	3.00 -11
Date(s) of Meeting/Conference 11/19-	11/20/2023 Departure Time 9:00 am Return	Time O, O M
Place of Meeting/Conference LOUIS	ville, by > Galt House	
Rationale for Attendance <u>Required</u>	Training	
Expenses paid by: 🗆 SBDM 🗆 PD 💢	Spec Ed KETS Other (MUST Specify) Title T	
Estimated Expenses:		
Registration Lodging Meals See policy on \$145	\$125.12 0 \$100 per day	5005.12
Principal Signature:	Grant/Admin: Required if Expenses are	Paid by Grant Funds
Prior Superintendent (Approval:	A l	10/20/20
Approved Not Approved	Superintendent Signature	Date
Reason	Superintendent Signature	
Submit this section upon returning. Include	TRAVEL EXPENSE REIMBURSEME	NT REQUEST
Charge @	istrict Travel Reimbursements MUST be submitted within thirty (30) days of Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-D	istrict Travel Reimbursements MUST be submitted within thirty (30) days of	the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-D	istrict Travel Reimbursements MUST be submitted within thirty (30) days of Other Expenses	the travel return date.***
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Employee Name Laura Doty	Date Submitted <u>8/24/23</u>	
School/Work Site Simpson Elementary		
Name of Meeting/Conference Kentucky Except		
Date(s) of Meeting/Conference Nov 19-21	Departure Time6:00amReturn Time4:00pr	<u>n</u>
Rationale for Attendance KATC in addition to lead	sville KY Team about our success with Autism Cadre in partnership with GRRI ning strategies to use with students in our school through other sess	
Estimated Expenses:		
Registration Lodging Meals See policy on back* \$100	Mileage Airfare Substitute Other Total Est. Exp \$1.00 per day	enses
Principal Signature:	Required if Expenses are Paid by Grant Fun	ds /2) ate
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Tr  Date # Miles Charge @ Lodgi	TRAVEL EXPENSE REIMBURSEMENT REQUE  avel Reimbursements MUST be submitted within thirty (30) days of the travel return of the company of the compan	
Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of	ficial business; that they are proper unty Board of Education; and that all	
employee of Simpson County Schools in the capacity of o charges qualifying for reimbursement from the Simpson Co	ficial business; that they are proper unty Board of Education; and that all	

Employee N	ame <u>WW</u>	mb tvers	smaun	Dat	e Submitted	10/11/2	. 5
School/Wor	k Site PE	LE FRC					
Name of Me	eeting/Confer	ence Supp	DOM OUTH S	Lenoe - FR	yst train	ing	
Date(s) of N	leeting/Confe	rence	30123	Depar	ture Time	am Return	Гіте <u>4рт</u>
				. ν	ation 4	50 Giriffith	Ave Quanstono,1
Rationale fo	r Attendance	child u	refare to	arning			
Expenses pa	nid by: 🔲 S	BDM □ PD	□ Spec Ed □	KETS Other	MUST Specify	trysc.	
Estimated E	xpenses:						
Registratio	on Lodgii			leage Airfa per mile		titute Other per day	Total Est. Expenses
		See pone		-			\$81.42
		\		1mi		1 1/1	01.40
Principal Sig	/	klyll	Ally_	Grant/		and No	Daid by Crant Funds
/	ntendent App			1	SI	Required if Expenses are	1
	vedNo	ot Approved	-		8m		10 17 123 Date
Reason			Sup	erintendent Sig	nature 		
	s section upon			AVFL FXP	ENSE REI	MBURSEMEI	NT REQUEST
origina	required recei	pts and signatu nd 03.225: "Out-o Charge @	res, IR		oT be submitted v	ther Expenses	NT REQUEST the travel return date.*** Total
origina *** Per Board	required recei	pts and signatu nd 03.225: "Out-c	res, I K of-District Travel Re	imbursements MUS	T be submitted v	vithin thirty (30) days of	the travel return date.***
origina *** Per Board	required recei	pts and signatu nd 03.225: "Out-o Charge @	res, I K of-District Travel Re	imbursements MUS	oT be submitted v	vithin thirty (30) days of ther Expenses	the travel return date.***
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*** Per Board Date  Affidavit: I he	# Miles	pts and signatu nd 03.225: "Out-o Charge @ \$.46	of-District Travel Re Lodging	Meals  Meals	Amount  O Amount	vithin thirty (30) days of ther Expenses	Total
*** Per Board  Date  Affidavit: I he employee of charges qualit	# Miles  # Certify that Simpson County Tying for reimbur	pts and signatured of the control of	Dof-District Travel Re Lodging  uded in the above sapacity of official be Simpson County Bo	Meals  Meals  tatement were incursiness; that they pard of Education; a	Amount  orred by an are proper	vithin thirty (30) days of ther Expenses Explanation  Reimbursement D	Total
*** Per Board  Date  Affidavit: I he employee of charges qualit	# Miles  # Certify that Simpson County Tying for reimbur	pts and signatured of the control of	Def-District Travel Re Lodging  uded in the above sapacity of official by	Meals  Meals  tatement were incursiness; that they pard of Education; a	Amount  orred by an are proper	vithin thirty (30) days of ther Expenses Explanation	Total
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The state of the s		_ (0)
Employee Name Melita Joiner	Date Submitted	9/27/23
School/Work SiteLES / FES		
Name of Meeting/Conference Support Over	Silence for kids	
Date(s) of Meeting/Conference (1/30/23	Departure Time	7:00 an Return Time 2:00 pm
Place of Meeting/Conference Owensburg 3	Roblic Schools CO	. 1
Rationale for Attendance To train SCS storestone School Speece Ed	of how to diffuse &	provide support in public sit
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☑ Other (MUST Specification)	v) Family Resource Center
Estimated Expenses:		_
Registration Lodging Meals  See policy on back*	IIII caBc	stitute Other Total Est. Expenses  per day
Ø		Ø
	Grant/Admin:	2-11/1/_
Principal Signature:Prior Superintendent Approval:	Grant/Admin.	Required if Expenses are Paid by Grant Funds
Approved Not Approved	1811	10/17/27
Reason	Superintendent Signature	Date
Submit this section upon returning. Include any	TRAVEL EXPENSE RE	IMBURSEMENT REQUEST
Official fedulate receipts and signatures		
*** Des Board Bolieu 02 125 and 03 225: "Out-of-District Trave	el Reimbursements MUST be submitted	within thirty (30) days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave		Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$,46  Lodging	Meals Amount	Other Expenses Total
Date # Miles Charge Charge Lodging \$.46  Lodging Affidavit: I hereby certify that all expenses included in the above of Simpson County Schools in the capacity of office	Meals Amount  Ove statement were incurred by an cial business; that they are proper	Other Expenses Explanation Total
Date # Miles Charge @ Lodging \$.46  Lodging Affidavit: I hereby certify that all expenses included in the above	Meals  Amount  Dive statement were incurred by an cial business; that they are proper ty Board of Education; and that all	Other Expenses Explanation Total
Date # Miles Charge Charge Lodging \$.46  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson Cound data furnished here within is true and correct to the best of my	Meals  Amount  Dive statement were incurred by an cial business; that they are proper ty Board of Education; and that all	Reimbursement Due
Date # Miles Charge Lodging \$.46  Lodging \$.46  Affidavit: I hereby certify that all expenses included in the abc employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson Count data furnished here within is true and correct to the best of my	Meals  Amount  Dive statement were incurred by an cial business; that they are proper ty Board of Education; and that all knowledge.	Reimbursement Due
Date # Miles Charge Charge Lodging \$.46  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson Cound data furnished here within is true and correct to the best of my	Meals  Amount  Ove statement were incurred by an cial business; that they are proper ty Board of Education; and that all knowledge.	Reimbursement Due  Central Office Use:

Employee Name <u>Lucinda Evc</u>	Man	Date Submitted	10/11/12/23	<u> </u>
School/Work Site FELE FRC				
Name of Meeting/Conference Regul	enal Collaborat	JUL		
. ()		Departure Time	12pReturn	n Time <u> </u>
Place of Meeting/Conference Ugan				Dr. Ruser Unille
Rationale for Attendance quarty	meeting for	Early Clink	Mand	
Expenses paid by: SBDM DPD C	Spec Ed KETS	Other (MUST Specif	fy)trys	Ç
Estimated Expenses:				
Registration Lodging Mea			ostitute Other O per day	Total Est. Expenses
COIL	Atemi	Grant/Admin:	11111	19.96
Principal Signature:Prior Superintendent Approva	e trus	Grant/Admin:	Required if Expenses a	re Paid by Grant Funds
Approved Not Approved		-8hl -		10/17/22
Reason	Superintend	lent Signature		Date
Submit this section upon returning, Includ original required receipts and signature *** Per Board Policy 03.125 and 03.225: "Out-of	IKAVEL			ENT REQUEST of the travel return date.***
Charge @		eals	Other Expenses	Total
Date # Miles \$.46	Louging	Amount	Explanation	
		STORY STATE		
, and the second se				
<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap	pacity of official business; the	were incurred by an nat they are proper	Reimbursement	
Affidavit: I hereby certify that all expenses include	pacity of official business; the impson County Board of Edu	were incurred by an nat they are proper ucation; and that all		
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the S data furnished here within is true and correct to the second contract of the second correct to	pacity of official business; the impson County Board of Edu he best of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimbursement	
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the S	pacity of official business; the impson County Board of Edu he best of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimbursement Central Office Use:	

Employee Name David Webster	Date Submitted1D · 3	31-23
School/Work Site SC BOE		
Name of Meeting/Conference KSBA WINTER SUM	OSIUM Dec. D.	7 700 09
Date(s) of Meeting/Conference Dec. 8-9	Departure Time 12:00	Return Time Decopm
Place of Meeting/Conference DUISVILLE DOWN		<u> </u>
Rationale for Attendance Communa educati		
Expenses paid by: SBDM PD Spec Ed KETS	Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile	Airfare Substitute \$100 per day	Other Total Est. Expenses
360.00 364.00 100.00 123.28		Parking 947.28
Prior Superintendent Approval:  Approved Not Approved	Grant/Admin:Required	d if Expenses are Paid by Grant Funds
Submit this section upon returning. Include any original required receipts and signatures.  TRAVEL	EXPENSE REIMBU	JRSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme	nts MUST be submitted within th	nirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodging Me	nts MUST be submitted within the	nirty (30) days of the travel return date.*** penses Total
Date # Miles Charge @ Lodging Me	Other Expansion Amount	nirty (30) days of the travel return date.*** penses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement  Date # Miles Charge @ Lodging Me \$.46 Lodging Me  Affidavit: I hereby certify that all expenses included in the above statement of employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Education County Board of Edu	Amount  Amount  Pere incurred by an at they are proper cation; and that all	nirty (30) days of the travel return date.*** Denses  Explanation  Total  Industry (30) days of the travel return date.***  Total
Date # Miles Charge @ Lodging Me \$.46 Lodging Me  Affidavit: I hereby certify that all expenses included in the above statement of amplayers of Simpson County Schools in the capacity of official business; the	Amount  Amount  Pere incurred by an at they are proper cation; and that all	nirty (30) days of the travel return date.*** Denses  Explanation  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement  Date # Miles Charge @ Lodging Me \$.46 Lodging Me  Affidavit: I hereby certify that all expenses included in the above statement of employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Education County Board of Edu	rere incurred by an at they are proper cation; and that all	nirty (30) days of the travel return date.*** Denses  Explanation  Total  Industry (30) days of the travel return date.***  Total

Employee Na	me MAY	ncy Uh	15	Date	e Submitte	d_10	31-23	
School /Mork	Site 5/	30 <del>0</del>						
Name of Mee	eting/Confere	ence KSBA	Winder	Sympas	ium	Dec. 0	rg	
Date(s) of Me	eeting/Confe	rence DCC	8-9	Depar	ture Time _		Return Time	<u>b:DDpm</u>
Place of Mee	ting/Confere	nce LDU18	mille Do	wntown	Ma	Mot		
Rationale for	Attendance	Continui	ng edu ci	asti On M	WIS			
Expenses paid		BDM DPD	□ Spec Ed □ K	ETS Other (	MUST Spec	cify)		
Estimated Ex	penses:							average and the same of the
Registration	n Lodgii	ng Me See policy		eage Airfa ermile		ubstitute 100 per day	Other T	otal Est. Expenses
310.D	0 364			. D8			Parking &	397,28
Principal Sign	ature:			Grant/A	Admin:			
Principal Sign Prior Superin					-0	Require	d if Expenses are Paid	by Grant Funds
✓ Approv	ed No	ot Approved			3			10 31 23
Reason			Supe	erintendent Sign	nature			Date
A STATE OF THE PARTY OF THE PAR		pts and signatur	& District Traval Pair	1 B.4116	The cubmitt	ad midbin th	hirty (20) days of the	
Per Board  Date	# Miles	Charge @	Lodging	Meals	Amoun	Other Ex	penses  Explanation	travel return date.*** Total
Car Sales			TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses	
Car Sales		Charge @	TO THE REAL PROPERTY.			Other Ex	penses Explanation	
Date  Affidavit: I here	# Miles	Charge @ \$.46	Lodging  ded in the above st	Meals	Amoun	Other Ex	penses	
Affidavit: I here employee of Scharges qualify	# Miles  eby certify that impson County ging for reimbur	Charge @ \$.46  s.46  all expenses inclusions in the consequent from the	Lodging	atement were incusiness; that they ard of Education; a	Amoun	Other Ex	penses Explanation	
Affidavit: I here employee of S charges qualify data furnished	# Miles  eby certify that impson County ing for reimbur here within is to	Charge @ \$.46  s.46  all expenses inclusions in the consequent from the	Lodging  ded in the above stapacity of official be	atement were incusiness; that they ard of Education; a	Amoun	Other Ex	Explanation  Explanation  nbursement Due	
Affidavit: I here employee of Scharges qualify	# Miles  eby certify that impson County ing for reimbur here within is to	Charge @ \$.46  s.46  all expenses inclusions in the consequent from the	Lodging  ded in the above stapacity of official be	atement were incusiness; that they ard of Education; a viedge.	Amoun	Rein Central	Explanation  Explanation  nbursement Due	
Affidavit: I here employee of Scharges qualify data furnished	# Miles  eby certify that impson County ing for reimbur here within is to gnature	Charge @ \$.46  s.46  all expenses inclusions in the consequent from the	Lodging  ded in the above stapacity of official be	atement were incusiness; that they ard of Education; a viedge.	Amoun	Rein Central	Explanation  Explanation  nbursement Due  Office Use:	

Employee Name	nmie Mi	ann	Dat	e Submitte	d 10-	3123	
School/Work Site 5	BOE						
Name of Meeting/Confer	ence KDDA	Winter S	MUSOCIAM	im 7	Sec 07		1 *
Date(s) of Meeting/Confe	erence Dec.	8-9	Depar	ture Time	12:00	Return Time	6.00 pm
Place of Meeting/Confere	ence LDU18	Ville Dur	untown	Man	riott		
Rationale for Attendance	Continu	nng lau	cation 1	MUNS			
Expenses paid by:	SBDM □ PD	□ Spec Ed □ K	ETS 🗹 Other (	MUST Spe	cify)		
Estimated Expenses:							
Registration Lodgi	See policy	on back* \$0.46 p	eage Airfi er mile	THE REAL PROPERTY.	ubstitute 100 per day	Parking "	947.28
			Grant/	Admin:		J	
Principal Signature: Prior Superintendent App				~/ /	Require	ed if Expenses are Paid	by Grant Funds
ApprovedN		**	-	She	_		10/31/23
Reason		Supe	erintendent Sig	nature			Date
			4		ه سلطهنی، است	Linky /20) days of the (	ravel return date ***
*** Per Board Policy 03.125 a  Date # Miles	ond 03.225: "Out-o Charge @ \$.46	f-District Travel Reir Lodging	mbursements MU: Meals	Amour	Other Ex	chirty (30) days of the openses Explanation	travel return date.*** Total
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
	Charge @	NAME OF THE PARTY OF THE PARTY.			Other Ex	penses	
Date # Miles  Affidavit: I hereby certify that	Charge @ \$.46	Lodging  ded in the above st	Meals	Amour	Other Ex	penses	
	Charge @ \$.46 : all expenses inclu y Schools in the carsement from the	Lodging  ded in the above stapacity of official bu	Meals  atement were incusiness; that they ard of Education;	Amour	Other Ex	epenses Explanation	
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	Charge @ \$.46 : all expenses inclu y Schools in the carsement from the	Lodging  ded in the above stapacity of official bu	Meals  atement were incusiness; that they ard of Education;	Amour	Other Ex	Explanation  mbursement Due	

# rincipal and service of the service

Employee Name Melanie Valone	Date Submitte	ed 10/12/23	
School/Work Site Lincoln Elementary / France	whin Elementary		
Name of Meeting/Conference KMEA Professional	Development Confer	ence	
Date(s) of Meeting/Conference February 7-10,	Departure Time	Nam Return Time 4p	m
Place of Meeting/Conference Kentucky Intern	ational Convention	Center - Louisville, KY	
Rationale for Attendance Offending clinics 4	performances to g	ain knowledge + Shills for Mo	teach
Expenses paid by:	KETS Other (MUST Spe	ecify)	
Estimated Expenses:		<u>{</u>	
See policy on back* \$0.46	per mile 52.90 ———	Substitute Other Total Est. Est 100 per day  Substitute Story Description of the Story Descripti	(0.0%)
Principal Signature:	Grant/Admin:	Required if Expenses are Paid by Grant Fo	unds
Prior Superintendent Approval:	400	10/2	מכלת
Approved Not Approved	perintendent Signature	10/-	Date
ReasonSup	Jerintendent Signature		
Official required receipts and algundance.		REIMBURSEMENT REQU	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re		Other Expenses	IIIX E TOTAL
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red  Date # Miles Charge @ Lodging  \$.46	Meals Amou	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ Lodging	Meals	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ \$.46 Lodging  S.46 Lodging  Affidavit: I hereby certify that all expenses included in the above	Meals Amou	Other Expenses Tot	IIIX E TOTAL
Date # Miles Charge @ \$.46 Lodging  \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B	Meals Amou	Other Expenses Int Explanation  Reimbursement Due	IIIX E TOTAL
Date # Miles Charge @ \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my known that the state of the best of	Meals Amou	Other Expenses Int Explanation  Total	IIIX E TOTAL
Date # Miles Charge @ \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my known when the state of the best of	Meals Amou	Other Expenses Int Explanation  Reimbursement Due	IIIX E TOTAL
Date # Miles Charge @ \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my known that the state of the best of	statement were incurred by an business; that they are proper toard of Education; and that all by business.	Other Explanation  Explanation  Reimbursement Due  Central Office Use:	IIIX E TOTAL

	-2-2023
School/Work Site Central Office	
6 Marting (Conformed KY) (TE)	*
Date(s) of Meeting/Conference Murch 12-15, 2023 Departure Time 6.00	Return Time 4:00 pm
Place of Meeting/Conference Louisnile, Ky	
Rationale for Attendance Technology Conference	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)	TX
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare Substitute See policy on back* \$0.45 per mile \$100 per day	
235 702.44 80 122.36	1 1139.80
	Daugh
Prior Superintendent Approval:	red if Expenses are Paid by Grant Funds
	11/8/23
Reason Superintendent Signature	Date
Data # Miles Charge @ Lodging Meals	thirty (30) days of the travel return date.***  Expenses  Explanation  Total
Sate # Willes \$.46 Amount	Explanation
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	imbursement Due
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	
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	imbursement Due
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	al Office Use:
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	al Office Use:

Employee Name KRIS	sta Jacks	UN .	Date	e Submitted	November 2,	2023
School/Work Site _CEN	TRAL OFFICE					
Name of Meeting/Confe						
Date(s) of Meeting/Conf	erence Marc	4 12,13,14	Depart	ture Time 🔱	:00 am_Return Tir	me 4.00 PM
Place of Meeting/Confer	ence Louis	VILLE, KEN	rucky			
Rationale for Attendance		•	,			
Expenses paid by:	SBDM □ PD	☐ Spec Ed ☐ F	(ETS 👿 Other (	MUST Specif	y) 401	
Estimated Expenses:						
Registration Lodg			eage Airfa per mile		stitute Other	Total Est. Expenses
235.∞ 702			L .36	0		1139.80
Dain aimal Signatura	***************************************		Grant/A	dmin:	111 6.00	
Principal Signature: Prior Superintendent App			Grant/A	0	Required if Expenses are Pa	id by Grant Funds
Approved N	ot Approved		1-5	H.		1( 1/2>
Reason		Sup	erintendent Sign	nature		Date
		1400 SAZ				
Submit this section upor original required rece		THE RESIDENCE OF THE PARTY OF T	<b>AVEL EXPE</b>	ENSE RE	<b>IMBURSEMEN</b>	T REQUEST
*** Per Board Policy 03.125		f-District Travel Rei	mbursements MUS			e travel return date.***
Per Board Policy 03.125 a  Date # Miles	and 03.225: "Out-o Charge @ \$.46	f-District Travel Ref	mbursements MUS  Meals		within thirty (30) days of the Other Expenses Explanation	e travel return date.*** Total
BANDLER GOTTO	Charge @				Other Expenses	
BANGURAN GO CASAN	Charge @				Other Expenses	
BANDLER GOTTO	Charge @				Other Expenses	
BANGURAN GO CASAN	Charge @				Other Expenses	
BANDLER GOTTO	Charge @				Other Expenses	
BANDLER GOTTO	Charge @				Other Expenses	
LANCE STREET	Charge @				Other Expenses	
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Explanation	Total
BANGURAN GO CASAN	Charge @ \$.46	Lodging ded in the above st	Meals	Amount	Other Expenses	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	t all expenses incluy Schools in the carsement from the	Lodging  ded in the above st spacity of official bissimpson County Bo	atement were incurusiness; that they a	Amount  Tred by an are proper and that all	Explanation  Explanation  Reimbursement Due	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu data furnished here within is t	t all expenses incluy Schools in the carsement from the true and correct to	ded in the above st spacity of official be Simpson County Bo the best of my know	atement were incur usiness; that they a ard of Education; ar yledge.	Amount  Tred by an are proper and that all	Explanation	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu data furnished here within is t	t all expenses incluy Schools in the carsement from the true and correct to	ded in the above st spacity of official be Simpson County Bo the best of my know	atement were incurusiness; that they a ard of Education; and viedge.	Amount  Tred by an are proper and that all	Reimbursement Due	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	t all expenses incluy Schools in the carsement from the true and correct to	ded in the above st spacity of official be Simpson County Bo the best of my know	atement were incur usiness; that they a ard of Education; ar yledge.	Amount  Tred by an are proper and that all	Explanation  Explanation  Reimbursement Due	Total

Employee Na	ame Lea	nn Just	rec	Dat	e Submitte	d	NOV. 2, 2023	<u> </u>
School/Work								
		ence <u>KYST</u>	E					
		rence Marut		Depar	ture Time _	6:00	<u> Pam</u> Return Tim	e <u>4:00 pm</u>
Place of Mee	eting/Confere	ence Louis	sville, ky					
Rationale for	Attendance	Technol	ogy Reso	orces/ly	iforma	tion	llou i	
Expenses pai	id by:	SBDM □ PD	□ Spec Ed □ I	(ETS 🖸 Other)	MUST Spec	cify)	1010	
Estimated Ex	penses:							
Registratio	n Lodgi			eage Airfa per mile		<b>ubstitu</b> 100 per d		otal Est. Expenses
285.01	709	백 80	00 122	.3 <u>b</u>		1	4	1139.80
				C	A almaire -	X1.	11- 8. Th	
Principal Sigr Prior/Superin		roval:		Grant/	4amin:	Regi	uired if Expenses are Paid	by Grant Funds
/		ot Approved		1	$\mathcal{A}L$	_		11/6/20
			Sup	erintendent Sigi	nature			Date
				te-discounity				
		returning. Inclu pts and signatur		AVEL EXP	ENSE R	EIM	BURSEMENT	REQUEST
*** Per Board	Policy 03.125 at	nd 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitt	ed withi	in thirty (30) days of the	travel return date.***
*** Per Board Date	Policy 03.125 a	Charge @	f-District Travel Rei Lodging	mbursements MUS		Other	in thirty (30) days of the	travel return date.*** Total
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Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other	Expenses Explanation	
Date  Affidavit: I here	# Miles	Charge @ \$.46	Lodging  ded in the above st	Meals	Amoun	Other	Expenses	
Affidavit: I here employee of Si charges qualify	# Miles  eby certify that impson County ing for reimbur	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging  ded in the above st pacity of official b Simpson County Bo	Meals  atement were incursiness; that they ard of Education; a	Amoun	Other	Expenses Explanation eimbursement Due	
Affidavit: I here employee of Si charges qualify data furnished	# Miles  eby certify that impson County ring for reimbur here within is tr	Charge @ \$.46 all expenses inclused schools in the casement from the ue and correct to	Lodging  ded in the above st	atement were incursiness; that they ard of Education; a wledge.	Amoun	Other	Expenses Explanation	
Affidavit: I here employee of Si charges qualify data furnished	# Miles  eby certify that impson County ring for reimburhere within is tr	Charge @ \$.46 all expenses inclused schools in the casement from the ue and correct to	Lodging  ded in the above st pacity of official b Simpson County Bo	Meals  atement were incursiness; that they ard of Education; a wledge.  11-2-23	Amoun	Re	eimbursement Due	
Affidavit: I here employee of Si charges qualify data furnished	# Miles  eby certify that impson County ring for reimburhere within is tr	Charge @ \$.46 all expenses inclused schools in the casement from the ue and correct to	Lodging  ded in the above st pacity of official b Simpson County Bo	atement were incursiness; that they ard of Education; a wledge.	Amoun	Other	eimbursement Due	
Affidavit: I here employee of Si charges qualify data furnished	# Miles  eby certify that impson County ing for reimbur here within is transfer within the second se	Charge @ \$.46 all expenses inclused schools in the casement from the ue and correct to	Lodging  ded in the above st pacity of official b Simpson County Bo	Meals  atement were incursiness; that they ard of Education; a wledge.  11-2-23	Amoun	Rec	eimbursement Due	

Employee Na	ame <u>Ke l</u>	ly Bake	er	Dat	e Submitted	11/2/23	
School/Worl	k Site <u>CO</u>						
Name of Me	eting/Confer	ence KYS	TE			aN	
Date(s) of M	eeting/Confe	erence <u>Mar</u>	12-15	Depar	ture Time 🕼	:00 am_Return T	ime <u>4:00 pm</u>
Place of Mee	eting/Confere	ence Louis	ville, K	y	/_	C + :	
Rationale for						Formation	. 1
Expenses pai	id by:	SBDM □ PD	☐ Spec Ed ☐ K	ETS 🗹 Other (	MUST Specif	(V) 91960KV 4C	OU
Estimated Ex	(penses:						
Registratio		See policy	y on back* \$0.46 p	eage Airfa		ostitute Other Oper day	Total Est. Expenses 1139.80
205.0	0 702	.44 80	.00 122	.36	(	h	1197780
Principal Sign	nature:			Grant/	Admin:	Min Somb	/
Prior Superin	tendent App	roval:			-Cl	Required if Expenses are F	Paid by Grant Funds
Approv	/ed N	ot Approved			Sh	<u> </u>	11/8/17
Reason			Supe	erintendent Sign	nature		<b>I</b> Date
Submit this	section upon	returning. Inclu	de any				IT OF OUR OF
original	required rece	ipts and signatur	res.			IMBURSEMEN	
*** Per Board	Policy 03.125 a		f-District Travel Rei	mbursements MUS			he travel return date.***
Per Board Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	mbursements MUS Meals		within thirty (30) days of t Other Expenses Explanation	the travel return date.*** Total
		Charge @				Other Expenses	
		Charge @				Other Expenses	
		Charge @				Other Expenses	
		Charge @				Other Expenses	
		Charge @				Other Expenses	
		Charge @				Other Expenses	
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		Charge @				Other Expenses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expenses Explanation	Total
Affidavit: I here	# Miles  # by certify that	Charge @ \$.46 all expenses incluse Schools in the ca	Lodging  ded in the above stapacity of official bu	Meals  atement were incu	Amount  arred by an are proper	Other Expenses	Total
Affidavit: I here employee of Scharges qualify	# Miles  # Miles  eby certify that  impson County  ving for reimbur	Charge @ \$.46 all expenses incluses Schools in the carsement from the	Lodging  ded in the above sta	Meals  atement were incusiness; that they ard of Education; a	Amount  arred by an are proper and that all	Explanation  Explanation  Reimbursement Du	Total
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Affidavit: I here employee of Scharges qualify	# Miles  eby certify that impson County ing for reimbur here within is to	Charge @ \$.46 all expenses incluses Schools in the carsement from the	Lodging  ded in the above stapacity of official bu Simpson County Boa	Meals  atement were incusiness; that they ard of Education; a	Amount  arred by an are proper and that all	Explanation  Explanation  Reimbursement Du	Total
Affidavit: I here employee of Scharges qualify data furnished	# Miles  eby certify that simpson County for reimbur here within is to gnature	Charge @ \$.46 all expenses incluses Schools in the carsement from the	Lodging  ded in the above stapacity of official bu Simpson County Boa	Meals  atement were incusiness; that they ard of Education; a	Amount  arred by an are proper and that all	Reimbursement Du	Total