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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Saxon Hale		Date Subm	nitted	1/02	2023	
School/Work Site Technology Dept.						
Name of Meeting/Conference KySTE Con-	Frence					
Date(s) of Meeting/Conference March 13-15		Departure Ti	me <u>12:</u> 0	50 PM	Return Tim	ne 3'.00 PM
Place of Meeting/Conference Louisville, K						
Rationale for Attendance Up to date Tecl	n. Meeting	with state				
Expenses paid by:	Ed 🗹 KETS [Other (MUST	Specify)			
Estimated Expenses:						
Registration Lodging Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substi \$100 pe		Other	Total Est. Expenses
214.00 540.00 120.00	NIA	NIA	NIA		N/A	874.00
Principal Signature: Logical Verior Superintendent Approval: Approved Not Approved		Grant/Admin		equired i	f Expenses are Pa	id by Grapt Funds
Reason	Superinter	ndent Signature				Date
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District T					(20) dava atab	
Charge @				ner Exper	ıses	Total
		Meals		ner Exper		
Date # Miles Charge @ Lode		Meals	Otl	ner Exper	ıses	
Date # Miles Charge @ Lode		Meals	Otl	ner Exper	ıses	
Date # Miles Charge @ Lode		Meals	Otl	ner Exper	ıses	
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Date # Miles Charge @ Lode		Meals	Otl	ner Exper	ıses	
Date # Miles Charge @ Lode		Meals	Otl	ner Exper	ıses	
Date # Miles Charge @ Lode		Meals	Otl	ner Exper	ıses	
Date # Miles Charge @ Lodg	ging N	Ar Ar	Oth	ner Exper	ıses	Total
Date # Miles Charge @ Lodg \$.46 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for reimburse	e above statemen official business; County Board of E	t were incurred by	oth nount an per all	Reimb	xplanation wrsement Due	Total
Date # Miles Charge @ Lodg \$.46 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	e above statemen official business; County Board of E	t were incurred by	oth nount an per all	Reimb	nses xplanation	Total
Date # Miles Charge @ Lodg \$.46 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the capacity of charges qualifying for reimburse	e above statemen official business; County Board of E	t were incurred by	an per all	Reimb	xplanation wrsement Due	Total

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Will	lian T	yler	Wilso	<u></u> Date	Submitte	d 11-2	-2023	
School/Work Site Te	CHUOI Og	4 De	bT					
Name of Meeting/Confe	erence Kas	Te (O	Nferen	sce_				- 5
Date(s) of Meeting/Con	ference Mar	Ch 13-	15	Departu	ure Time _	12:00	Return Ti	me 3.00 Pm
Place of Meeting/Confe	rence Lou	750711e	, Ky (onuer	VTION	Cent	rer	
Rationale for Attendance	e Discover	New	Tech +	- Jer	vices	Lea	wing, L	reeting 5
Expenses paid by:	SBDM □ PD	☐ Spec Ed	KETS [Other (N	/IUST Spe	cify)		
Estimated Expenses:								
Registration Lod	00	eals y on back*	Mileage \$0.46 per mile	Airfar		ubstitute 100 per day	Other	Total Est. Expenses
214.00 540			WA	N/A	- A	5/4	NIA	874.00
Principal Signature: Prior Superintendent Ap Approved Reason	proval:	due	Superinter	Grant/A	2	Required	if Expenses are P	Paid by Grant Funds に イン Date
original required rec	eibra ann aignatu							IT REQUEST
*** Per Board Policy 03.125 Date # Miles					be submitt Amour	Other Expe	rty (30) days of ti	
*** Per Board Policy 03.125	and 03.225: "Out-o	of-District Trav		ments MUST		Other Expe	rty (30) days of ti enses	he travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-o	of-District Trav		ments MUST		Other Expe	rty (30) days of ti enses	he travel return date.***
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Date # Miles Affidavit: I hereby certify the	Charge @ \$.46	Lodgin Lodgin	g N	nents MUST	Amour	Other Expe	rty (30) days of ti enses	he travel return date.*** Total
*** Per Board Policy 03.125 Date # Miles	charge @ \$.46 stall expenses included ty Schools in the coursement from the	Lodgin Lodgin Lodgin uded in the akapacity of off	g N pove statemen ficial business; nty Board of E	nents MUST	Amour	Other Expe	enty (30) days of the enses Explanation Dursement Du	he travel return date.*** Total
Date # Miles Date # Miles Affidavit: I hereby certify the employee of Simpson Councharges qualifying for reimb	charge @ \$.46 stall expenses included ty Schools in the coursement from the	Lodgin Lodgin Lodgin uded in the akapacity of off	pove statemen ficial business; nty Board of Eny knowledge.	nents MUST	Amour	Other Expe	enty (30) days of the enses Explanation Dursement Du	he travel return date.*** Total