

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 Saxon Hale Date Submitted 11/02/2023

School/Work Site Technology Dept.

Name of Meeting/Conference KySTE Conference

Date(s) of Meeting/Conference March 13-15, 2024 Departure Time 12:00 PM Return Time 3:00 PM

Place of Meeting/Conference Louisville, KY Convention Center

Rationale for Attendance Up to date Tech. Meeting with state

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
214.00	540.00	120.00	N/A	N/A	N/A	N/A	874.00

Principal Signature: [Signature]

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

Grant/Admin:

[Signature]

Required if Expenses are Paid by Grant Funds

11/2/23

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

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 William Tyler Wilson Date Submitted 11-2-2023
School/Work Site Technology Dept
Name of Meeting/Conference KySTE Conference
Date(s) of Meeting/Conference MARCH 13-15 Departure Time 12:00 PM Return Time 3:00 PM
Place of Meeting/Conference LOUISVILLE, KY CONVENTION CENTER
Rationale for Attendance Discover New Tech + services, Learning, Meetings
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☒ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
214.00	540.00	120.00	N/A	N/A	N/A	N/A	874.00

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 11/4/23

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
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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval