

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 William McWhorter Date Submitted 1-7-23  
School/Work Site Transportation Dept  
Name of Meeting/Conference FFA National Convention  
Date(s) of Meeting/Conference 11/1 - 11/3/23 Departure Time 5:30 AM Return Time 6:00 PM  
11/1/23 11/3/23  
Place of Meeting/Conference Indianapolis, Indiana  
Rationale for Attendance FSMS FFA National Convention Trip  
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSMS FFA

## Estimated Expenses:

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| -            | -       | <u>\$60</u><br><u>45 x 3</u>                | -   | -       | -  | -     | <u>\$135.00</u>     |

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 @<br>\$.46 | Lodging | Meals        | Amount         | Other Expenses<br>Explanation | Total                            |
|----------------|---------|-------------------|---------|--------------|----------------|-------------------------------|----------------------------------|
| <u>11-1-23</u> |         |                   |         | <u>36.70</u> | <u>\$40.00</u> |                               | <u>\$40.00</u>                   |
| <u>11-2-23</u> |         |                   |         | <u>42.65</u> | <u>\$40.00</u> |                               | <u>\$40.00</u>                   |
| <u>11-3-23</u> |         |                   |         | <u>32.50</u> | <u>\$40.00</u> |                               | <u>\$40.00</u>                   |
|                |         |                   |         |              |                |                               |                                  |
|                |         |                   |         |              |                |                               |                                  |
|                |         |                   |         |              |                |                               |                                  |
|                |         |                   |         |              |                |                               |                                  |
|                |         |                   |         |              |                |                               |                                  |
|                |         |                   |         |              |                |                               | <u>180.00</u><br><u>\$135.00</u> |

Reimbursement Due

180.00  
\$135.00

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.

William McWhorter  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
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 Robin Hollingsworth Date Submitted 10/28/2023  
School/Work Site CE  
Name of Meeting/Conference Fall Institute  
Date(s) of Meeting/Conference 10/8/23 - 11/10/23 Departure Time 9am Return Time 6pm  
Place of Meeting/Conference Marrriott Louisville Downtown  
Rationale for Attendance CE Annual Training P.O.  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) CE Budget

## Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
| 189.00       | 490.70  | 80.00                        | 125.00                     | —       |                             |       | 884.70              |

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved... 10-29-23  
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 @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
|      |         |                   |         |       |                |             |       |
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|      |         |                   |         |       |                |             |       |

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.

[Signature] 11/8/2023  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature 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 Darrell Holder Date Submitted 11/12/23  
School/Work Site Transportation Department  
Name of Meeting/Conference Cheer Competition  
Date(s) of Meeting/Conference 11-10-23 / 11-11-23 Departure Time 3:30 Return Time 11:30 p.m.  
11/10/23 11/11/23  
Place of Meeting/Conference McCracken Co.  
Rationale for Attendance Cheer Competition  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Cheer Boosters

## Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
|              |         | <u>4</u>                     |                            |         |                             |       |                     |

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved... 11/10/23  
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 @<br>\$.46 | Lodging | Meals    | Other Expenses<br>Amount Explanation | Total           |
|-------------------|---------|-------------------|---------|----------|--------------------------------------|-----------------|
| <u>11/10/23</u>   |         |                   |         | <u>1</u> |                                      | <u>\$ 20.00</u> |
| <u>11/11/23</u>   |         |                   |         | <u>3</u> |                                      | <u>\$ 40.00</u> |
|                   |         |                   |         |          |                                      |                 |
|                   |         |                   |         |          |                                      |                 |
|                   |         |                   |         |          |                                      |                 |
|                   |         |                   |         |          |                                      |                 |
|                   |         |                   |         |          |                                      |                 |
| Reimbursement Due |         |                   |         |          |                                      | <u>\$ 60.00</u> |

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.

Darrell Holder 11-13-23  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
[Signature] 11/12/23  
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 11/8/23  
School/Work Site Franklin & Lincoln FRC  
Name of Meeting/Conference Health Equity in Schools  
Date(s) of Meeting/Conference 11/13-11/14 Departure Time 730am Return Time 330p  
Place of Meeting/Conference GRECC 230 Technology Way BG, Ky 42101  
Rationale for Attendance health equity in FES for students & families  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRC

## Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
|              |         |                              | <u>0</u>                   |         |                             |       | <u>0</u>            |

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 11/6/23

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 @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
|      |         |                   |         |       |                |             |       |
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Reimbursement Due

Lucinda Eversman 11/8/23  
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 ROBIN CLARK Date Submitted 11.13.23  
 School/Work Site CO  
 Name of Meeting/Conference KASBO Fall CONFERENCE  
 Date(s) of Meeting/Conference 11.15.23-11.17.23 Departure Time 7:30 AM Return Time 3:00 PM  
 Place of Meeting/Conference LEXINGTON, KY  
 Rationale for Attendance PD  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0011080 0580

## Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
| 400.00       | 460.00  | 80.00                        |                            |         |                             |       | 940.00              |

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 11/10/23

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 @<br>\$.46 | Lodging | Meals | Other Expenses<br>Amount Explanation | Total |
|------|---------|-------------------|---------|-------|--------------------------------------|-------|
|      |         |                   |         |       |                                      |       |
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Reimbursement Due

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

Coding

CFO Approval



# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 11/13/2023  
 School/Work Site RTC  
 Name of Meeting/Conference ECC  
 Date(s) of Meeting/Conference 11/19/2023 Departure Time 8:00 Return Time 8:00 pm  
 Place of Meeting/Conference Galt House  
 Rationale for Attendance presenting @ conference  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) \_\_\_\_\_

## Estimated Expenses:

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         |   |   |         |  | 40.00 | 40.00               |

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
☒ Approved ☐ Not Approved... Date 11/15/23  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_

## 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 @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|-------------------|---------|-------------------|---------|-------|----------------|-------------|-------|
|                   |         |                   |         |       | Amount         | Explanation |       |
|                   |         |                   |         |       |                |             |       |
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|                   |         |                   |         |       |                |             |       |
| Reimbursement 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 Office Use:

Employee Signature Laura Miller-Welsh Date 11.13.23

Coding \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

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 Chris Crain Date Submitted 10/31/23  
School/Work Site FSMS  
Name of Meeting/Conference KY Exceptional Children's Conference  
Date(s) of Meeting/Conference Nov. 19-20 Departure Time 6am Return Time 6pm  
Place of Meeting/Conference The Galt House - Louisville, KY  
Rationale for Attendance Service hours for Emergency certification  
Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

## Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other   | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|---------|---------------------|
| —            | —       | \$49.00                      | \$88.32                    | —       | \$100.00                    | \$30.00 | \$258.32            |

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 11/10/23

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 @<br>\$.46 | Lodging | Meals | Other Expenses<br>Amount Explanation | Total |
|------|---------|-------------------|---------|-------|--------------------------------------|-------|
|      |         |                   |         |       |                                      |       |
|      |         |                   |         |       |                                      |       |
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|      |         |                   |         |       |                                      |       |
|      |         |                   |         |       |                                      |       |

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 Bobby Bell Date Submitted 11/21/23  
 School/Work Site Transportation Department  
 Name of Meeting/Conference MSU FSMS Honors Band Competition  
 Date(s) of Meeting/Conference 11/20/23 Departure Time 5:45am Return Time 11:15 pm  
 Place of Meeting/Conference Murray State University  
 Rationale for Attendance Honors Band Competition  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FSMS Band

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         | <b>3</b>                                    |   |         |  |       |                     |

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 @<br>\$.46 | Lodging | Meals    | Other Expenses |             | Total          |
|-------------------|---------|-------------------|---------|----------|----------------|-------------|----------------|
|                   |         |                   |         |          | Amount         | Explanation |                |
| <u>11/20/23</u>   |         |                   |         | <u>3</u> |                |             | <u>\$40.00</u> |
|                   |         |                   |         |          |                |             |                |
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|                   |         |                   |         |          |                |             |                |
|                   |         |                   |         |          |                |             |                |
| Reimbursement Due |         |                   |         |          |                |             | <u>\$40.00</u> |

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 Bobby Bell Date 11-21-23  
 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 LORI Honbshell Date Submitted 11.20.23  
 School/Work Site SES  
 Name of Meeting/Conference Regional Advisory Council  
 Date(s) of Meeting/Conference 11.27.20 Departure Time 9:30 Return Time 2:00  
 Place of Meeting/Conference 200 N Main St Beaver Dam Ky 42320  
 Rationale for Attendance training  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SES FRC

Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
|              |         |                              | <u>65.7</u>                |         |                             |       | <u>60.44</u>        |

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 11/22/23

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 @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
|      |         |                   |         |       |                |             |       |
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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

Employee Name Christiane Blane Date Submitted 11/15/23  
School/Work Site FSUS  
Name of Meeting/Conference RAC. Meeting for FYSL  
Date(s) of Meeting/Conference 11/27/23 Departure Time 8:30 Return Time 3:30 pm  
Place of Meeting/Conference 200 N. Main St. Becker Dam KS  
Rationale for Attendance RAC Advisory  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSUS ysl  
Estimated Expenses:

| Registration | Lodging | Meals | Mileage | Airfare | Substitute | Other | Total Exp. Expenses |
|--------------|---------|-------|---------|---------|------------|-------|---------------------|
|              |         |       | 121.2   |         |            |       |                     |

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

\*\*\* 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 @<br>\$ .16 | Lodging | Meals | Other Expenses<br>Amount Explanation | Total |
|----------|---------|--------------------|---------|-------|--------------------------------------|-------|
| 11/27/22 |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
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|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |
|          |         |                    |         |       |                                      |       |

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.

Reimbursement 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.

### Reimbursement Due

**Central Office Use:**

Employee Signature Caroline B Date                     

## Coding

**Supervisor Signature**

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 Larry K. Phillips Date Submitted 11/27/23  
 School/Work Site FSHS YSC  
 Name of Meeting/Conference Ky ASAP Meeting  
 Date(s) of Meeting/Conference 11/29/23 Departure Time 9am Return Time 1pm  
 Place of Meeting/Conference Ky ~~ASAP Meeting~~ ASAP Meeting Logan Co. Health Dept.  
 Rationale for Attendance Committee Meeting  
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) 0402/04-0580-128K

### Estimated Expenses:

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         | <u>42</u><br>19.32                          |   |         |  |       |                     |

Principal Signature: Stephanie Doney 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 @<br>\$.46 | Lodging | Meals | Other Expenses<br>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



Employee Name Constance Davis Date Submitted 11/19/23  
School/Work Site PKS  
Name of Meeting/Conference ASAP w Logan  
Date(s) of Meeting/Conference 11/29/23 Departure Time 4:00 am Return Time 2 pm  
Place of Meeting/Conference Logan Co. Library  
Rationale for Attendance Frisc trng (mety)  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

| Registration | Lodging | Meals<br>See policy on back | Mileage<br>50¢ per mile | Airfare | Subsistence<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|-----------------------------|-------------------------|---------|------------------------------|-------|---------------------|
|              |         |                             |                         |         |                              |       |                     |

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_  
☒ Approved ☐ Not Approved...  
 Reason \_\_\_\_\_  
 Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* 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.\*\*\*

[illegible]

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 C. B. Bond Date \_\_\_\_\_

**Central Office Use:**

## Coding

**Supervisor Signature**

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 Lori Honshell Date Submitted 11-20-23  
School/Work Site SES FCC  
Name of Meeting/Conference Support over Silence for Kids  
Date(s) of Meeting/Conference 11-30-23 Departure Time 1:30 Return Time 3:30  
Place of Meeting/Conference 450 Griffith Ave. Owensboro KY 42301  
Rationale for Attendance training  
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SES FCC

## Estimated Expenses:

| Registration | Lodging | Meals<br>See policy on back* | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|------------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
|              |         |                              | <u>94.50</u><br><u>189</u> |         |                             |       | <u>86.94</u>        |

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 11/21/23

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 @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|-----------------|---------|-------------------|---------|-------|----------------|-------------|-------|
|                 |         |                   |         |       | Amount         | Explanation |       |
| <u>11-30-23</u> |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |
|                 |         |                   |         |       |                |             |       |

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 \_\_\_\_\_



Employee Name Constance Bize Date Submitted 11/15/23  
School/Work Site FHS  
Name of Meeting/Conference Owensboro  
Date(s) of Meeting/Conference 11/20/23 Departure Time 10:45 AM Return Time 4pm  
Place of Meeting/Conference \_\_\_\_\_  
Rationale for Attendance \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br>At policy on lunch | Mileage<br>\$0.46 per mile | Airfare | Substitute<br>\$100 per day | Other | Total Est. Expenses |
|--------------|---------|-----------------------------|----------------------------|---------|-----------------------------|-------|---------------------|
|              |         |                             | 5                          |         |                             |       |                     |

**Prior Superintendent Approval:**

☒ Approved ☐ Not Approved...

Reason \_\_\_\_\_

### Required If Expenses are Paid by Grant Funds

  
Superintendent Signature

Date \_\_\_\_\_

\*\*\* 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.\*\*\*

[illegible]

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 Signature Constance B.

Date \_\_\_\_\_

### Coding

**Supervisor Signature**

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 Garrel Evans Date Submitted 11/27/23  
School/Work Site FHS  
Name of Meeting/Conference Regional FFA Competition  
Date(s) of Meeting/Conference 10/30/23 Departure Time 8 AM Return Time 5 PM  
Place of Meeting/Conference WCU Expo  
Rationale for Attendance Student Achievement  
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) \_\_\_\_\_

## Estimated Expenses:

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

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 @<br>\$.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