Supervisor Signature

Attach						1 7- 77	
Employee Nar	me_W	Mam	MCW	hort Gloate	Submitted	1-7-23	
School/Work	Site Tr	ms sorthon	DeOt.				
Name of Mee	ting/Confer	ence FFA	NATRONAL	Convertion		O to Datama	Time 1'00 PM
Date(s) of Me	eting/Confe	rence <u>////</u> -	11/3/23	Pepart Depart		1/23	Time <u>6:00 PM</u> 11/3/23
Place of Meet	ting/Confere	ence	dimapolis	Indu	tra 1	70.0	
Rationale for	Attendance	FSMS	FFA	National C	ONVELTION	FEMS E	TCA
Expenses paid	d by: 🔟 🤄	SBDM PD	□ Spec Ed [	KETS Other (I	MDS1 Specify)	FSMS F	177
Estimated Exp	oenses:			Mileage Airfa	re Subst	itute Other	Total Est. Expenses
Registration	Lodgi			Mileage Airfa .46 per mile	\$100 p		† <sub>135.00</sub>
Principal Signa				Grant/A	dmin:	Required if Expenses are	Paid by Grant Funds
Prior Superint		ot Approved		1/8	PL		
Reason	ea 141		S	uperintendent Sign	ature		Date
		Set in the least of the set					
AND THE RESERVE AND THE PARTY OF THE PARTY O							
Submit this s original re	section upon equired rece	returning. Incluipts and signatu	de any res. (ADISTRICT Travel	RAVEL EXPE	NSE REI	MBURSEME within thirty (30) days of	NT REQUEST the travel return date.***
Submit this s original re	section upon equired rece Policy 03.125 a	ipts and signatu nd 03.225: "Out-o	of-District Travel	Reimbursements MUS	T be submitted w	rithin thirty (30) days of ther Expenses	the travel return date.***  Total
Submit this so original representation of the per Board P	section upon equired rece ollcy 03.125 a # Miles	returning, Inclu ipts and signatu ind 03.225: "Out-o Charge @ \$.46	de any res. A-District Travel Lodging	RAVEL EXPERIENTS MUST	T be submitted w O Amount	rithin thirty (30) days of	the travel return date.***
original r	equired rece Policy 03.125 a	ipts and signatu ind 03.225: "Out-o Charge @	of-District Travel	Reimbursements MUS	Amount	rithin thirty (30) days of ther Expenses Explanation	the travel return date.*** Total
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original re	equired rece Policy 03.125 a	ipts and signatu ind 03.225: "Out-o Charge @	of-District Travel	Meals 36,70	Amount \$ 60.00	thin thirty (30) days of ther Expenses Explanation	Total  # 40.
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Original roman Per Board P  Date  11-1-23  11-2-23  11-3-23  Affidavit: I here employee of Sincharges qualifyind data furnished here.	by certify that mpson County ing for reimbur here within is t	charge @ \$.46  all expenses incluses Schools in the compet from the	Lodging  Lodging  Ided in the above apacity of official Simpson County	Meals  Meals  36,70  42.65  32.50  e statement were incural business; that they are Board of Education; and	Amount  Amount	Reimbursement D	Total  TO
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Employee Na	ame	Lobin	Holling	NO ALDate	e Submitted	10 08 2023	
School/Work	k Site	E					
			e Instra	ute		^	
Date(s) of M	eeting/Confe	rence (1)	18/23- 11	//0/23 Depar		9am Return Tim	e_bpm_
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	r Attendance	CE An	nual Tra	uning Pi	MUST Speci	fy) CE Bulget	
Expenses pai	id by: LJ S	PRDM TLAD	□ Spec Ed □	KEIS GOTTEI (	WOST Spec	111	
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Registratio		""	y on back* \$0.46	ileage Airfa s per mile		bstitute Other 1	Syy, 70
Prior Superin	nature: ntendent App ved No	roval: ot Approved	Su	Grant/	fil	Required if Expenses are Paid	by Grant Funds 10-29-23 Date
original	required recei	returning. Inclu ipts and signatu	res.			EIMBURSEMENT	KEQUE31
*** Per Board  Date	# Miles	nd 03.225: "Out-c Charge @ \$.46	of-District Travel Ro Lodging	eimbursements MUS	T be submitte	d within thirty (30) days of the Other Expenses Explanation	travel return date.*** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re			Other Expenses	HATCH STREET,
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	of-District Travel Re			Other Expenses	HATCH STREET,
Date  Affidavit: I have	# Miles	Charge @ \$.46	Lodging Lodging aded in the above	Meals	Amount	Other Expenses	Total
Date  Affidavit: I her employee of Scharges qualifi	# Miles  # Miles  reby certify that Simpson County	charge @ \$.46  Charge @ \$.46  all expenses included Schools in the consequent from the	Lodging  Lodging  Lodging  Lodging	statement were inco	Amount  arred by an are proper and that all	Reimbursement Due  Central Office Use:	Total
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			er Competi	tor		* 3 0		14.30
			13/11-11-2	.3Depart	ture Time	1110/23	Return Ti	me 11:30 p.m
		ence <u>McC</u>	0		-	1/10/23		11/11/43
Rationale for A	Attendance	Cheep	Corperha			21	2	
Expenses paid	by: 🗆	SBDM □ PD	□ Spec Ed □ k	(ETS DOther (	MUST Specify	1) Che	er Boos	krs
Estimated Expe	enses:							
Registration	Lodgi			eage Airfa per mile		stitute per day	Other	Total Est. Expenses
Principal Signa	ture:			Grant/A	Admin:			2 2/40
Prior Superinte	endent App	roval:		1	11	Required if	Expenses are Pa	aid by Grant Funds
Approve	d No	ot Approved	_	1		-		11/10/27
Reason			Sup	erintendent Sign	ature			Date
	ection upon	returning. Inclu	de any					TAPAUECT
The second second		ipts and signatur nd 03.225: "Out-o Charge @	es. IK		T be submitted	within thirty Other Expens	(30) days of th	T REQUEST se travel return date.*** Total
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Date	# Miles  # Certify that apson County g for reimbur	ipts and signatur ind 03.225: "Out-o Charge @ \$.46  all expenses incluses Schools in the carsement from the	es. F-District Travel Rei Lodging  ded in the above st	Meals  Meals  3  attement were incursiness; that they are ard of Education; a	Amount  Amount  rred by an are proper and that all	Within thirty Other Expens Ex	(30) days of theses planation rsement Due	Total  \$ 20.00  \$ 40.00
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<b>Employee N</b>	ame <u>W</u>	inda Evers	sman	Dat	e Submitte	ed	1118123	
			Lincoln FK	<i>C</i>				
				in Schools	•			
Date(s) of M	leeting/Confe	erence 11/13	5-11/14	Depai	ture Time	730	amReturn T	ime <u>330p</u>
Place of Me	eting/Confere	ence <u>GRE</u> (	c 230 T	echnology!	vay B	G.K	y 4-2101	
Rationale fo	r Attendance	- health.	equity m	FES for	STUDION.	5 24	Tamilles	
Expenses pa	id by:	SBDM □ PD	☐ Spec Ed ☐	KETS D Other	(MUST Spe	cify)	rkc	
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Prior Superi	ntendent App	roval:		1	1/1	Requ	uired if Expenses are I	Paid by Grant Funds
	ved No	ot Approved	/	J M	~			11/4/2)
Reason			Sup	perintendent Sig	nature			Date
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Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic			ACCORDING TO SERVICE AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS O	imbursements MU:	ST be submit	ted withi	n thirty (30) days of t	the travel return date.***
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic			ACCORDING TO SERVICE AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS O	imbursements MUS	ST be submit	Other	n thirty (30) days of t Expenses Explanation	the travel return date.*** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Re			Other	Expenses	
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*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Re			Other	Expenses	
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School/Mark Sita	IN CUMPIL			Submitte	d_11.1323	
School/Work Site	Vinco	5 Face (1	~ ~CD)[]\ Y []			
Name of Meeting/Confer	ence KHSK	2 11 12 23	2	<del></del>	7:30 AM Return Time	2:mPM
Date(s) of Meeting/Confe				ure Time <u>-</u>	1-30 HVI Return Time	3.001141
Place of Meeting/Conference	ence <u>LEXIN</u>	GTON, K				
Rationale for Attendance						
Expenses paid by:	SBDM □ PD	□ Spec Ed □ KI	TS Other (N	MUST Spec	cify) <u>0011080 05</u>	080
Estimated Expenses:						
Registration Lodgi	ng Me See policy				ubstitute Other T 100 per day	otal Est. Expenses
-12						940.00
400.00 460	5.00 80.0			-	1 1 10	110.
Principal Signature:			Grant/A	dmin: 👤	Lill opens	
Prior Superintendent App	roval:		100	1	Required if expenses are Paid	by Grant Funds
V Approved N		_	Jan Jan			11/10/23
Reason		Supe	rintendent Sign	ature		Date
Per Board Policy 03.125 a Date # Miles	ond 03.225: "Out-o Charge @ \$.46	f-District Travel Rein Lodging	Meals	be submitte Amoun	ed within thirty (30) days of the Other Expenses at Explanation	Total
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Affidavit: I hereby certify that	Schools in the ca	pacity of official bu	siness; that they a	re proper	Reimbursement Due	
employee of Simpson County charges qualifying for reimbu	Schools in the carsement from the :	pacity of official bu Simpson County Boa	siness; that they a rd of Education; ar	re proper	Reimbursement Due	
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employee of Simpson County charges qualifying for reimbu data furnished here within is t	Schools in the carsement from the :	pacity of official bu Simpson County Boa	siness; that they a rd of Education; ar ledge.	re proper	Reimbursement Due Central Office Use:	

Employee Name 1-100 Date Submi	tted
School/Work Site CO	
Name of Meeting/Conference KASBO Fall Conference	
Date(s) of Meeting/Conference 11.15.23 - 11.17.23 Departure Tin	ne 7:30 am Return Time 3:00 Pm
Place of Meeting/Conference Lexington	
Rationale for Attendance PD	
Expenses paid by:	pecify) 6011080 0500
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare  See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
400.00 460.00 80.00	940.00
Principal Signature: Grant/Admin:	( Il Co Spean
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	11/0/23
Reason Superintendent Signature	Date
original required receipts and signatures.	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sub	other Expenses
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D2+2 1 1 M1/02	ount Explanation Total
D2+2 1 1 M1/02	Total
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Data # Milas   Milas	ount Explanation Total
Date # Miles \$.46 Lodging Weals Am  Am  Affidavit: I hereby certify that all expenses included in the above statement were incurred by a	ount Explanation Total  Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by a employee of Simpson County Schools in the capacity of official business; that they are proportions in the capacity of official business; that they are proportions in the capacity of official business; that they are proportions in the capacity of official business; that they are proportions are proportionally and the capacity of official business; that they are proportions are proportionally and the capacity of official business; that they are proportions are proportionally are proportionally and the capacity of official business; that they are proportions are proportionally and the capacity of official business; that they are proportions are proportionally and the capacity of official business; that they are proportions are proportionally and the capacity of official business; that they are proportions are proportionally and the capacity of official business; that they are proportionally are proportionally and the capacity of official business; that they are proportionally are proportionally are proportionally and the capacity of official business; that they are proportionally are proportionally are proportionally are proportionally and the capacity of official business; that they are proportionally are prop	ount Explanation Total  Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by a	ount Explanation Total  Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by a employee of Simpson County Schools in the capacity of official business; that they are proportionaries qualifying for reimbursement from the Simpson County Board of Education; and that a	ount Explanation Total  Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by a 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 a data furnished here within is true and correct to the best of my knowledge.	Reimbursement Due  crail  Central Office Use:

dittell plexiled foats	and the same				ul l	
Employee Name	ra Willer-	Welsh	Date	Submitted	11 13 2023	<u> </u>
School/Work Site	RTC					
Name of Meeting/Confe	rence			0'	වරReturn Tii	8:00 pm
Details) of Meeting/Conf	erence	1 0000		ure Time <u> </u>	Return III	ne
place of Meeting/Confer	ence Gal	t House	0 - 1	VALUE W. III. WIT TO SEE		
nationals for Attendance	alko e	senting	a corp	erence		
Expenses paid by:	SBDM PD	Spec Ed K	TS Other (	MUST Specify)		
Estimated Expenses:		2 pails	age Airfa	re Subst	itute Other	Total Est. Expenses
Registration Lodg	ing Me See policy			\$100 p	er day	40.00
	00	1001			40.00	40.00
Principal Signature:	MOUNT		Grant/A	dmin:	tequired if Expenses are Pa	id by Grant Funds
Prior Superintendent Ap	proval:	1 / 1/50	1	11	required if expenses are re	11/15/23
ApprovedN		0	8	W		Date
Reason		Supe	rintendent Sign	ature		==15
*** Per Board Policy 03.125	្រុក ការក្នុង ក្រុក ក្មាន ភាព ទទួលបាក	TRA	VEL EXPE	NSE REII	MBURSEMEN	T REQUEST e travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of	District Travel Reim	bursements MUS	De submitteu w	her Expenses	1011/2-11/2/2 July 1
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Reim Lodging	Meals	Ot Amount		Total
*** Per Board Policy 03.125	and 03.225: "Out-of	-District Travel Rein				Total
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Rein				Total
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	7 / -
Employee Name Chris Crain Date Submit	ted <u>/0/31/23</u>
School/Work Site FSMS	
Washing Conference KY Exceptional Children's Co	onterence
Date(s) of Meeting/Conference Nov. 19-20 Departure Time  Place of Meeting/Conference The Galt House -Louisville	e <u>6 a m</u> Return Time <u>6 p m</u>
Place of Meeting/Conference The Galt House -Louisville	e, KP
Rationale for Attendance Service hours for Emergency	Certification
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	ecify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare  See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day \$30,00 \$\$258,32
( lacal )	Chila - Son A
Principal Signature:Grant/Admin:Grant/Admin:Grant/Admin:Grant/Admin:Grant/Admin:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	11/10/23
ReasonSuperintendent Signature	bate
	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	issad within thirty (311) risys of the travel refull date.
	Other Expenses
Date # Miles Charge @ Lodging Meals Amo	Other Expenses Total
Charge @ Lodging Meals	Other Expenses Total
Charge @ Lodging Meals	Other Expenses Total
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Charge @ Lodging Meals	Other Expenses Total
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Charge @ Lodging Meals	Other Expenses Total
Charge @ Lodging Meals	Other Expenses Total
Charge @ Lodging Meals	Other Expenses  Unit Explanation  Total
Date # Miles Charge @ Lodging Meals Amo	Other Expenses  Int Explanation  Reimbursement Due
Date # Miles \$.46 Lodging Meals Amo  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	Other Explanation  Explanation  Reimbursement Due
Date # Miles Charge @ Lodging Meals Amo  \$.46 Lodging Meals Amo  Affidavit: I hereby certify that all expenses included in the above statement were incurred by an analysis of official business; that they are proper	Other Expenses  Int Explanation  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:
Date # Miles \$.46 Lodging Meals Amo  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	Other Explanation  Explanation  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:

D			Date	e Suhmitted	111211	15	
mployee Name	day Bell	1 1		e Submitted			
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chool/Work Site ame of Meeting/Conf	erence MSU	FSMG	Denari	ture Time 5	:45 m	Return Tin	ne 11:15 pm
ate(s) of Meeting/Cor	ference 11/20	/23				_	,
ace of Meeting/Confe	erence Muco	g State	University		·		
	re Honors	Spec Fd. □	KETS Other (	MUST Specif	y) FSMS	BANO	/
•	1 2RDINI FT LD	ш эресто —					
stimated Expenses:	ALEMAN TO LAN		ileage Airfa	are Sub	stitute	Other	Total Est. Expense
Registration Loc	See polic		5 per mile		) per day		
incipal Signature:			Grant/A	Admin:	Required if E	xpenses are Pa	id by Grant Funds
ior Superintendent A		·	4	$\mathcal{A}_{a}$			
Approved			perintendent Sign	nature			Date
eason		Su	perintendent sig.			Victoria de Maria	
Submit this section UPG	on returning. Inclu	ide any	RAVEL EXP	ense re	MBUR	SEMEN	T REQUEST
Submit this section upo original required re Per Board Policy 03.12	ceipts and signature and 03.225: "Out-o	de any res. Travel Re	RAVEL EXPL Elmbursements MUS Meals	T be submitted	within thirty Other Expense	SEMEN (30) days of the ss lanation	REQUEST e travel return date.* Total
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Submit this section upo original required re Per Board Policy 03.12	ceipts and signature and 03.225: "Out-o	of-District Travel Re	elmbursements MUS Meals	T be submitted	within thirty Other Expense	(30) days of the	Total  # 40.
Submit this section upon original required reperson Policy 03.12.  Date # Miles	Charge @ \$.46	Lodging  Loddin the above S	Meals  Meals  3	Amount  Amount	within thirty Other Expense Exp	(30) days of the	Total  4 40.
Submit this section upon original required reperson Policy 03.12.  Date # Miles  1/20/23	Charge @ \$.46	Lodging  Lodging  Ided in the above s	Meals  Meals  3	Amount  Amount	within thirty Other Expense Exp	(30) days of the	Total  # 40.
Submit this section upon original required reperson Policy 03.12.  Date # Miles  1/20/23  fidavit: I hereby certify the oppose of Simpson County.	Charge @ \$.46  at all expenses incluty Schools in the company to t	Lodging  Lodging  Ided in the above sapacity of official the simpson County B	Meals  Meals  3  Statement were incurations; that they appropriate of Education; and wiledge.	Amount  Amount  rred by an are proper and that all	within thirty Other Expense Exp	sement Due	Total  # 40.
Submit this section upo original required re Per Board Policy 03.12	Charge @ \$.46  at all expenses incluty Schools in the company to t	Lodging  Lodging  Ided in the above sapacity of official the simpson County B	Meals  Meals  3  Statement were incurations that they are part of Education; and the provided by the control of	Amount  Amount  rred by an are proper and that all	Reimbur	sement Due	Total  # 40.
Submit this section upon original required reperson Policy 03.12.  Date # Miles  1/20/23  fidavit: I hereby certify the policy of Simpson Country	Charge @ \$.46  at all expenses incluty Schools in the company to t	Lodging  Lodging  Ided in the above sapacity of official the simpson County B	Meals  Meals  3  Statement were incurations; that they appropriate of Education; and wiledge.	Amount  Amount  rred by an are proper and that all	within thirty Other Expense Exp  Reimbur	sement Due	Total  # 40.
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Employee Name WRI Hon Shi	) Date Su	ubmitted	
School/Work Site 665			
Name of Meeting/Conference	Al Advisory (	DUNCIL	
Date(s) of Meeting/Conference	7-20 Departure	e Time $9:30$ Return Ti	me <u>2: 00</u>
Place of Meeting/Conference	Main St B	eaver Dan Ky	42320
Rationale for Attendance + 1011119			
Expenses paid by:   SBDM PD Spec	: Ed □ KETS ☑ Other (MU	ST Specify) <u>SES FRC</u>	
Estimated Expenses:			
Principal Signature:  Prior Superintendent Approval:  Approved Not Approved  Reason	Mileage So. 46 per mile  65.7  Grant/Adm  Superintendent Signatu	Bequired if Expenses are P	Total Est. Expenses  OV. 44  raid by Grant Funds  Date
Submit this section upon returning. Include any	TO A VEL EVOEN	ICE DELLABATIRESIAELA	TAFALIFET
The Control of the Co			
original required receipts and signatures.		ISE REIMBURSEMEN	
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	Travel Reimbursements MUST be		ne travel return date.***
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @		submitted within thirty (30) days of the	
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Employee Name Constant	Elan C Date Submitted 1	11923
School/Work Site Fous	And a state of the	
Name of Meeting/Conference	A. Much for FRESC	
Date(s) of Meeting/Conference1	27 172 Departure Time 8:30	Return Time 380
Place of Meeting/Conference	DO N. Man St. Beck , D	om Ko
Rationale for Attendance	A DUISUNG	
Expenses paid by:   SBDM  PD	Spec Ed C KETS Cother (MUST Specify)	SNS 45 C
Estimated Expenses:		
degitnation Longing Men		Other Total Est Exponses
	STATE peer delign	THE COURTS OF
	1912	
Principal Signature:	Grant/Admin:	211
Prior Superintendent Approval:		if Expenses are Paid by Grant Funds
Approved Not Approved	I She	
	Superintendent Signature	Date
	The second section of the s	
QUO Day Day of St.	TRAVEL EXPENSE REIMBU	RSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-l	TRAVEL EXPENSE REIMBU  District Travel Reimbursements MUST be submitted within thi	rty (30) days of the travel return date.
Provide and the second	District Travel Reimbursements MUST be submitted within this todging Modes Modes	rty (30) days of the travel return date.
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Date # Miles Changre D	District Travel Reimbursements MUST be submitted within this todains.  Amount.	rty (30) days of the travel return date.
Affidavit: I hereby certify that all expenses included employee of Simpson County Islands	District Travel Reimbursements MUST be submitted within this todging Modification Amount.  Amount Travel Reimbursements MUST be submitted within this todging to the submitted within t	rty (30) days of the travel return date.
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacitations for residue.	In the above statement were incurred by an Reimb	rty (30) days of the travel return date.
Per Board Policy 03.125 and 03.225: "Out-of-I  Date # Miles State  Affidavit:   hereby certify that all	In the above statement were incurred by an Reimb	rty (30) days of the travel return date.
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacitations for residue.	in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all best of my knowledge.	rty (30) days of the travel return date.

Supervisor Signature

Employee Name Lacey K. Phillip	Date Submitted 11/27/23
School/Work Site FS HS VSC	
Name of Meeting/Conference Ky As	AP Meeting
Date(s) of Meeting/Conference	
Place of Meeting/Conference No.	BULBURE ASAP Meeting Logan (b. Howth Dept.
Rationale for Attendance Comm; Hee	1
Expenses paid by: 🗆 SBDM 🗖 PD 🗆	Spec Ed KETS Other (MUST Specify) 0402/04-058-0-128K
Estimated Expenses:	
Registration Lodging Mea See policy of 19.  Principal Signature: Prior Superintendent Approval:	500는 1200의 1 MB 1200는 1981 - 1982 N. N.C. 2. C. 2. N.C. 2. 프로그램 11 N.C. 2. N.
Approved Not Approved	28M
Reason	Superintendent Signature Date
Submit this section upon returning. Include	TRAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-I  Date # Miles \$,46	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Lodging  Meals  Amount  Explanation
*** 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.*  Other Expenses  Total
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*** 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.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-I	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-I	Lodging Meals Other Expenses Total  Amount Explanation  In the above statement were incurred by an acity of official business; that they are proper impson County Board of Education; and that all
Pate # Miles Charge @ \$.46  Date # Miles \$.46  Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson that all expenses include employees of Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson that all expenses include employees of Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson that all expenses include employees of Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson that all expenses include employees of Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson that all expenses include employees of Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the Simpson County Schools in the cap charges qualifying for reimbursement from the cap charges qualifying for reimbursement from the cap charges qualifying for reimbursement from th	Lodging Meals Other Expenses Total  Amount Explanation  Total  Ad in the above statement were incurred by an acity of official business; that they are proper mpson County Board of Education; and that all

Employee Name	Mure	Black	Date Submi	itted	111923	
School/Work Site	PSOUS		the course		1	
Name of Meeting/Confe	rence ASA	ow la	grs	MATERIAL STATE OF THE STATE OF		
Date(s) of Meeting/Conf	erence	29122		ne@pa	Return Tin	ne 2000
Place of Meeting/Confer	ence	ligen Co	· CIBAR	5	W(V)	<b>D</b>
Rationale for Attendance	e try	se trung	Much )			
Expenses paid by:	SBDM QPD Q	Spec Ed KETS	Other (MUST S	pecify)		
Estimated Expenses:						
Registration Lodg	ing a Mari	Milles gar n lines 2005 per mole	Altrane	Salstante Lad porten	:Other	Jotal Et Expansis
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Principal Signature: Prior Superintendent App		priv	_Grant/Admin:	// ///	M	
Approved N			Leri	Required	if Expenses are Pai	d by Grant Funds
Reason	- Pprocessin	Supplies	dent Signature			
		Juperinter	uent algnature			Date
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oco Per Board Policy 03.125	and 03.225: "Out-of-D	TRAVE	LEXPENSE	REIMBL	JRSEMENT	REQUEST
Date # Miles		listrict Travel Reimburser	nents MUST be subn	nitted within th	rty (30) days of the	REQUEST
Per Board Policy 03.125	and 03.225; "Out-of-D	listrict Travel Reimburser	nents MUST be subn	REIMBU nitted within thi Otheresse	rty (30) days of the	REQUEST travel return date.***
Per Board Policy 03.125		listrict Travel Reimburser	nents MUST be subn	nitted within th	rty (30) days of the	travel return date. ***
Per Board Policy 03.125		listrict Travel Reimburser	nents MUST be subn	nitted within th	rty (30) days of the	travel return date. ***
Per Board Policy 03.125		listrict Travel Reimburser	nents MUST be subn	nitted within th	rty (30) days of the	travel return date. ***
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Per Board Policy 03.125		listrict Travel Reimburser	nents MUST be subn	nitted within the	rty (30) days of the	travel return date. ***
Date # Miles	5016	Lodging N	Anno	nitted within the	rty (30) days of the	travel return date. ***
Per Board Policy 03.125	all expenses included Schools in the capac	in the above statement ity of official business:	Anno	punt.	rty (30) days of the	travel return date. ***

Supervisor Cianatura

Employee Name LDRI HONGAUL	Date Submitted	
School/Work Site SES FRC		
Name of Meeting/Conference Lupont	over bilence for Vids	A
Date(s) of Meeting/Conference 17.30-13	Departure Time 7.30Return Time	3:31
Place of Meeting/Conference 450 Griff	zith Ave. Owensporo Ky 4	2301
Rationale for Attendance Talining		
Expenses paid by: $\square$ SBDM $\square$ PD $\square$ Spec Ed $\square$	KETS Other (MUST Specify) SES FRC	/
Estimated Expenses:	-	
Principal Signature: 180  Principal Signature: Prior Superintendent Approval:	per mile \$100 per day	by Grant Funds
Approved Not Approved	S/W 11	2123
ReasonSu	perintendent Signature	Date
Submit this section upon returning. Include any	AVEL EXPENSE REIMBURSEMENT	REALIFST
Oliginal redament reserves are also also are	imbursements MUST be submitted within thirty (30) days of the tr Other Expenses Meals Amount Explanation	•
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitted within thirty (30) days of the tr Other Expenses	avel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitted within thirty (30) days of the tr Other Expenses	avel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitted 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 Travel Red Date # Miles Charge @ \$.46 Lodging	Meals  Other Expenses Amount  Explanation	avel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	Meals  Other Expenses Amount  Explanation  Amount  Reimbursement Due  Reimbursement Due	avel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red  Date # Miles Charge @ \$.46  Lodging  1)-30-23  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  Other Expenses Amount  Explanation  Amount  Reimbursement Due  Reimbursement Due	avel return date.***

A STATE OF THE PARTY OF THE PAR	
Employee Name Lorey K. Phillip	Date Submitted 11/27/23
School/Work Site FSHS VSC	
Name of Meeting/Conference Support	Over Silence For Kids
Date(s) of Meeting/Conference Nov. 30th	Departure Time <u>Return Time</u> 30m
Place of Meeting/Conference Owens box	to Board of Ed
Rationale for Attendance Rysc Traini	ng.
Expenses paid by:	c Ed KETS Gother (MUST Specify) 0402/04-0580-128K
Estimated Expenses:	
Registration Lodging Meals See policy on backs  80.94	Mileage Airfare Substitute Other Total Est. Expenses  \$ \$0.46 per mile \$100 per day
Principal Signature Prior Superintendent Approval:	Grant/Admin:  Sequired if Expenses are Paid by Grant Funds
ApprovedNot Approved	- Jak
Reason	Superintendent Signature Date
Charge @	TRAVEL EXPENSE REIMBURSEMENT REQUEST  At Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.**  Other Expenses  Total
Date # Miles \$.46	odging Meals Amount Explanation Total
Affidavit: I hereby certify that all expenses included in t employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	of official business; that they are proper
data furnished here within is true and correct to the best	
Employee Signature	Date Coding
Supervisor Signature	Date CFO Approval

Employee Name Corsture 2	Date Submitted 11/15/23	
School/Work Site Fous	THE PROPERTY OF THE PROPERTY O	
Name of Meeting/Conference Oucks		
Date(s) of Meeting/Conference	Departure Time (D) (Return T	Time Upp
Place of Meeting/Conference	N	lbu
Rationale for Attendance		
Expenses paid by:   SBDM  PD  Spec Ed	DIKETS Dether (MUST Specify) FSNS 48	C
<u>Estimated Expenses</u> :		,
Tregstration tragging Mesis .	- Mileage - Alfage Substitute Other - 20 46 pur day	Jour Est (Spenses
	in the second se	
Principal Signature: Level free	Grant/Admin:	/
Prior Superintendent Approval:	Required If Expenses are	Paid by Grant Funds
Approved Not Approved	181	
Reason	Superintendent Signature	Date
which is a strip.		
Obs Per Board Policy 03.125 and 03.225: "Quit-of-District Sup-	TRAVEL EXPENSE REIMBURSEMEN	NT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Treat	vel Reimbursements MUST be submitted within thirty (30) days of (	NT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	vel Reimbursements MUST be submitted within thirty (30) days of a	NT REQUEST the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	vel Reimbursements MUST be submitted within thirty (30) days of (	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	vel Reimbursements MUST be submitted within thirty (30) days of a	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	vel Reimbursements MUST be submitted within thirty (30) days of a	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	vel Reimbursements MUST be submitted within thirty (30) days of a	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	wel Reimbursements MUST be submitted within thirty (30) days of other Expenses.  Amount Explanation	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	wel Reimbursements MUST be submitted within thirty (30) days of other Expenses.  Amount Explanation	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	wel Reimbursements MUST be submitted within thirty (30) days of other Expenses.  Amount Explanation	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Translation of the Change of Lodgin Control of the Change of	Meals Amount Explanation	the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Tran	Amount Explanation  Over statement were incurred by an Reimbursement During Statement was a statement when the submitted within thirty (30) days of the Explanation (1) of the Explanat	Total
Affidavit: I hereby certify that all expenses included in the abordances qualifying for mainly.	Differ Explanation  Amount Explanation  Explanation  Over statement were incurred by an italian business; that they are proper ty Board of Education; and that all knowledge.	Total

Employee N	lame 😏 🗸	irve/	Evan	5	Date	Submitte	d//	21/23		
School/Wor	k Site F3	(HS					· ·			
Name of Me	eting/Confer	ence Re	yiona/	FFA	Corpe	tition				
Date(s) of M	leeting/Confe	rence Re	130/23		Depart	ture Time	8 AM	nReturn	Time _ 🗲 /	PM_
		ence <u>W/C</u>								
Rationale fo	r Attendance	Stude	nt Ac	histor	er t			_		
Expenses pa	aid by:	SBDM □ PD	☐ Spec Ed	☐ KET	S Other (	MUST Spe	cify)		- 1	
Estimated E	xpenses:									
Registratio	on Lodgi		eals y on back*	<b>Mileag</b> \$0.46 per	Annual Control of the	\$	Substitute 100 per day	Other	Total Est.	Expenses
		$-\gamma$	<u> </u>			,				
Principal Sig	nature:	9			Grant/A	Admin:		ed if Expenses are	Daid by Grant	Funds
	ntendent App				40	1,	Kequir	ea ii expenses are	Paid by Grant	rulius
		ot Approved		_<	8					Data
Reason				Superi	ntendent Sign	nature				Date
		ipts and signatu								
*** Per Board Date	d Policy 03.125 a	ond 03.225: "Out-o Charge @ \$.46	of-District Trav		ursements MUS Meals	T be submit Amour	Other E	thirty (30) days of xpenses Explanation		urn date.*** otal
		Charge @					Other E	xpenses		Track of the
		Charge @					Other E	xpenses		Track of the
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		Charge @					Other Ex	Explanation		Track of the
Affidavit: I he employee of charges qualif	# Miles  reby certify that Simpson County fying for reimbu	Charge @ \$.46 \$.46	Lodging  Lodging  Lodging  Lodging  Lodging	ove state	Meals  ement were incures; that they all of Education; a	Amour	Other E	Explanation  Explanation  mbursement D		Track of the
Affidavit: I he employee of charges qualif	# Miles  reby certify that Simpson County fying for reimbu	Charge @ \$.46 \$.46	Lodging  Lodging  Lodging  Lodging  Lodging	ove state	Meals  ement were incures; that they all of Education; a	Amour	Other E	Explanation		Track of the
Affidavit: I he employee of charges qualif	# Miles  reby certify that Simpson County fying for reimbu d here within is t	Charge @ \$.46 \$.46	Lodging  Lodging  Lodging  Lodging  Lodging	ove state	Meals  ement were incures; that they all of Education; a	Amour	Other E	Explanation  Explanation  mbursement D		Track of the