Employee Name <u>Sam Northern</u> School/Work Site <u>SES</u>	Date Submitted
Name of Meeting/Conference GRREC Marzano	
Date(s) of Meeting/Conference 12/12/23 D	eparture TimeReturn Time
Place of Meeting/Conference Care CHy Convertion	Center
Rationale for Attendance Marzano Training	40
Expenses paid by:	her (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back* \$0.46 per mile Principal Signature: 4 Prior Superintendent Approval: Approved Not Approved Reason Superintendent	Airfare Substitute S100 per day ant/Admin: Required if Expenses are Paid by Grant Funds t Signature Date
original required receipts and signatures.	XPENSE REIMBURSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals \$.46	Amount Explanation
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total Amount Explanation
Date # Miles Charge @ Lodging Meals	Other Expenses Total Amount Explanation
Date # Miles Charge @ Lodging Meals	Other Expenses Total Amount Explanation
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Date # Miles Charge @ Lodging Meals	Other Expenses Total Amount Explanation
Date # Miles \$.46 Lodging Meals / \(\subset \subset	Other Expenses Amount Explanation 3 2 6 9 e incurred by an they are proper
Date # Miles Charge @ Lodging Meals / \(\sum \) \(\s	Other Expenses Amount Explanation 3 2 6 9 e incurred by an they are proper
Date # Miles \$,46 Lodging Meals / \(\subset \subset	Other Expenses Amount Explanation 3 2 4 e incurred by an they are propertion; and that all Central Office Use:
Date # Miles \$.46 Lodging Meals / 2/12/23 68 Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Educated Statement and Statement Programme County Board of Educated Statement Programme County Board Of	Other Expenses Amount Explanation 3 2 6 9 e incurred by an they are proper tion; and that all
Date # Miles \$,46 Lodging Meals / 2 / 2 / 2 / 3 & Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Educat data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation 3 2 4 e incurred by an they are propertion; and that all Central Office Use:

Employee Name Michael Brown Date	Submitted 12/4/23
School/Work Site Simpson	• ====
Name of Meeting/Conference Warzano GREEC	
Date(s) of Meeting/Conference 12/12/23 Depart	ure Time 74m Return Time 5.30 pm
Place of Meeting/Conference Cave City Convention Center	
Rationale for Attendance	16
Expenses paid by: SBDM PD Spec Ed KETS Other (I	MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfa See policy on back* \$0.46 per mile	\$100 per day
1 AA OG	9 - \$37.72
	dmin: Required it Expenses are Paid by Grant/Funds
Prior Superintendent Approval:	
Approved Not Approved	nture Date
Reason Superintendent Sign	ature
original required receipts and signatures.	NSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUS"	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUS" Charge @ Lodging Meals \$.46	T be submitted within thirty (30) days of the travel return date.*** Other Expenses Total Amount Explanation
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals 12/12/23 82	Other Expenses Total Amount Explanation
Date # Miles Charge @ Lodging Meals 12/12/23 82 1ECEN	Other Expenses Amount Explanation \$\frac{4}{3}7.72.\$
Date # Miles Charge @ Lodging Meals 12/12/23 82	Other Expenses Amount Explanation \$\frac{4}{3}7.72.\$
Date # Miles Charge @ Lodging Meals 12/12/23 82 1ECEN	Other Expenses Amount Explanation \$\frac{4}{3}7.72.\$
Date # Miles Charge @ Lodging Meals 12/12/23 82 DEC 14 2	Other Expenses Amount Explanation \$\frac{4}{3}7.72.\$
Date # Miles Charge @ Lodging Meals 12/12/23 82 DEC 14 2	Other Expenses Amount Explanation \$\frac{4}{3}7.72.\$
Date # Miles Charge @ Lodging Meals 12/12/23 82 DEC 14 2 BY:	Other Expenses Amount Explanation \$\frac{3}{3}7.72.
Date # Miles \$.46 Lodging Meals 12/12/23 82 Affidavit: I hereby certify that all expenses included in the above statement were incur employee of Simpson County Schools in the capacity of official business; that they a	Other Expenses Amount Explanation \$\frac{3}{3}7.72 Tred by an are proper Other Expenses Total \$\frac{3}{3}7.72
Date # Miles Charge @ Lodging Meals 12/12/23 82 DEC 14 2 BY: Affidavit: I hereby certify that all expenses included in the above statement were incur	Other Expenses Amount Explanation \$\frac{3}{3}7.72 Tred by an are proper Other Expenses Total \$\frac{3}{3}7.72
Affidavit: I hereby certify that all expenses included in the above statement were incur employee of Simpson County Schools in the capacity of official business; that they a charges qualifying for reimbursement from the Simpson County Board of Education; and data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation \$37.72 23 Reimbursement Due \$37.72
Affidavit: I hereby certify that all expenses included in the above statement were incur employee of Simpson County Schools in the capacity of official business; that they a charges qualifying for reimbursement from the Simpson County Board of Education; and data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation \$37.72 23 Reimbursement Due \$37.72
Affidavit: I hereby certify that all expenses included in the above statement were incur employee of Simpson County Schools in the capacity of official business; that they a charges qualifying for reimbursement from the Simpson County Board of Education; and data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation \$37.72 Tred by an are proper and that all Central Office Use:

Employee Name LINGSAY MUNCOSCHOOL/Work Site SMPSON ELEM Name of Meeting/Conference MUZON Conference December Place of Meeting/Conference MEETINGSAY MUNCOSCHOOL SCHOOL SCH	entary Team	e 7:15 Return Tin	
Rationale for Attendance			
Expenses paid by: SBDM PD Spec E	d 🗖 KETS 🗖 Other (MUST Sp	pecify)	
Estimated Expenses:			
Principal Signature: Prior Superintendent Approval: Approved Not Approved	Mileage St. 44.16 Grant/Admin:	\$100 per day	Total Est. Expenses 44.16 d by Grant Funds
Reason	Superintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Tr Date # Miles Charge @ Lodgi \$.46		itted within thirty (30) days of the Other Expenses	
Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of respective to the second content of the second correct to the second	fficial business; that they are proper unty Board of Education; and that all	Reimbursement Due Central Office Use:	
employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County	fficial business; that they are proper unty Board of Education; and that all		

Employee N	ame	111	our 1	Dat	e Submitted	Dec 300	r. J
School/Wor	k Site <u>CO</u>	10	LOLOVODON	200			
Name of Me	eting/Confere leeting/Confere	nce 12/12	interchar	Denar	ture Time 4	ργReturn Ti	ime4pm
					,		
			isville 10	y om	TU		
Rationale fo	r Attendance _	10 Trai	mg) NO1000)580
Expenses pa	id by: 🗆 SE	BDM 🗆 PD	□ Spec Ed □ K	ETS Other (MUST Speci)- PEOLOCO (v	3300
Estimated E	xpenses:					SERVICE SERVIC	
Registratio	on Lodging	The second secon		eage Airfa per mile		ostitute Other O per day	Total Est. Expenses
		90-40		ronalle of unit			\$ 205.17
		1 191		miles \$ 12°		J.	
Principal Sig		aval:		Grant/	Admin:	Required if Expenses are F	Paid by Grant Funds
. /	ntendent Appro ved Not			1	Shi		
	veu1		Supe	erintendent Sign	nature		Date
original	s section upon re required receip	ts and signatu	res. IR.			IMBURSEMEN	
*** Per Board	Policy 03.125 and		f-District Travel Rei	mbursements MUS	T be submitte		he travel return date.***
*** Per Board Date	# Miles	03.225: "Out-o Charge @ \$.46	f-District Travel Rei	mbursements MUS Meals	Amount	Other Expenses	the travel return date.*** Total
8 3 1 1 8 4	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
8 3 1 1 8 4	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
2.000	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
8 3 1 1 8 4	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
2.000	STORT THE	Charge @				Other Expenses	THE STATE OF STREET
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expenses	Total
Affidavit: I he	# Miles # Miles	Charge @ \$.46 \$.46 Il expenses inclu	Lodging ded in the above stapacity of official bu	Meals atement were incusiness; that they	Amount arred by an are proper	Other Expenses Explanation	Total
Affidavit: I he employee of charges qualif	# Miles reby certify that a Simpson County Siying for reimbursed here within is tru	Charge @ \$.46 \$.46 Il expenses incluichools in the cament from the e and correct to	Lodging ded in the above st	Meals atement were incusiness; that they ard of Education; a	Amount arred by an are proper and that all	Other Expenses Explanation	Total
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Affidavit: I he employee of charges qualif data furnished	# Miles reby certify that a Simpson County Siying for reimbursed there within is true	Charge @ \$.46 \$.46 Il expenses incluichools in the cament from the e and correct to	Lodging ded in the above stapacity of official businesses	atement were incusiness; that they ard of Education; a viedge.	Amount arred by an are proper and that all	Reimbursement Du	Total

Employee Name Abby Scott	Date Submitted Dec 2024	
School/Work Site CO	L. Chana and	_
Name of Meeting/Conference	ter Change	2/1
Date(s) of Meeting/Conference	- 12 15 Departure Time 4 pm 12 Return Time 4 pm 12	
Place of Meeting/Conference Louisv	le KY Dmni	-
Rationale for Attendance 10 Train Ir	700,000 0580	_
Expenses paid by:	pec Ed DKETS DOther (MUST Specify) 000 (009 - 0580	_
Estimated Expenses:		
Registration Lodging Meals See policy on 20 -40 3	Franklin to #205.12	ses
Principal Signature: Prior Superintendent Approval:	Grant/Admin: Required if Expenses are Paid by Grant Funds	
Approved Not Approved	8M	
Reason	Superintendent Signature Date	9
Submit this section upon returning. Include original required receipts and signatures *** Per Board Policy 03.125 and 03.225: "Out-of-D	TRAVEL EXPENSE REIMBURSEMENT REQUES trict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date	
Date # Miles Charge @ \$.46	Lodging Meals Other Expenses Total Amount Explanation	
		_
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacity of t	ty of official business; that they are proper	
charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	pest of my knowledge. Central Office Use:	
alowy dratt	10 · 33	-
Employee Signature	Date Coding	
Supervisor Signature	Date CFO Approval	-

	Date Submitted JAW 2- 2024	
School/Work Site		
Name of Meeting/Conference CPP TVW	wing Restoral Weeks	
Date(s) of Meeting/Conference 1-10-23	Departure TimeReturn Time	m
Place of Meeting/Conference		
Rationale for Attendance FRISC +vu		
Expenses paid by:	KETS Dother (MUST Specify) FY 48 CMS	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. \$0.46 per mile \$100 per day	. Expenses
Principal Signature: And fu	M Grant/Admin:	1,111,411,411,411
Prior Superintendent Approval:	Required If Expenses are Paid by Grant	t Funds
Not Approved	1/11	Joel
Reason	Superintendent Signature	Date
original required receipts and systems.	TRAVEL EXPENSE REIMBURSEMENT REQ	UEST
TTT Dor Doord Dollar 02 42F 1 02 000 "		
Charge @	vel Reimbursements MUST be submitted within thirty (30) days of the travel ret	
Per Board Policy 03.125 and 03.225: "Out-of-District Translate # Miles Charge @ Lodging \$.46	vel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
Date # Miles Charge @ Lodgin	vel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	urn date.**
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Date # Miles Charge @ Lodgin	ovel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses Amount Explanation	urn date.**
Date # Miles Charge @ Lodgir	Neals Other Expenses Amount Explanation T	urn date.**
Date # Miles Charge @ Lodgir \$.46 Lodgir	Meals Meals Other Expenses Amount Explanation T	urn date.**
Date # Miles Charge (a) \$.46 Lodgin \$.46 Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the capacity of the ca	Other Expenses Amount Explanation Over statement were incurred by an icial business; that they are proper	urn date.**
Date # Miles Charge @ Lodgir \$.46 Lodgir	Other Expenses Amount Explanation Over statement were incurred by an icial business; that they are proper	urn date.**
Affidavit: I hereby certify that all expenses included in the ab employee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Couldata furnished here within is true and correct to the best of m	Other Expenses Amount Explanation Over statement were incurred by an cial business; that they are proper noty Board of Education; and that all the proper and the proper statement of the proper in the proper statement of the proper in the p	urn date.**
Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of m	Other Expenses Amount Explanation Over statement were incurred by an cial business; that they are proper noty Board of Education; and that all the proper and the proper statement of the proper in the proper statement of the proper in the p	urn date.**
Affidavit: I hereby certify that all expenses included in the ab employee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Couldata furnished here within is true and correct to the best of m	Other Expenses Amount Explanation To the Expl	urn date.**

Employee Name LDRI HONS	Date Submitted 1-2-24
School/Work Site SIMPSM f	1 ementury
Name of Meeting/Conference	alona IIIeening
Date(s) of Meeting/Conference	Departure Time V: 00 Return Time 3:30
Place of Meeting/Conference Ora U.S.	Creek Middle School 704 Cypress Wood
Rationale for Attendance (Com a)	training Bh ly
Expenses paid by:	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on ba	Mileage Airfare Substitute Other Total Est. Expenses k* \$0.46 per mile \$100 per day
Principal Signature:	Grant/Admin: Builted if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	1 (13)
Approved Not Approved Reason	Superintendent Signature Date
	- Superinternative Signature Superinternative Superintern
Submit this section upon returning. Include an	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.**
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Odging Meals
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Odging Meals
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	Other Expenses Odging Meals Amount Explanation Total
**** Per Board Policy 03.125 and 03.225: "Out-of-Distribution of the property	Other Expenses Odging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due
*** Per Board Policy 03.125 and 03.225: "Out-of-Distribution Date # Miles Charge @ \$.46	Other Expenses Amount Explanation Total Amount Explanation The above statement were incurred by an of official business; that they are proper in County Board of Education; and that all
**** Per Board Policy 03.125 and 03.225: "Out-of-Distrate Date # Miles \$.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Other Expenses Amount Explanation Total The above statement were incurred by an of official business; that they are proper in County Board of Education; and that all
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Employee Name <u>Ucinda Eversman</u>	Date Submitted 12[18] 2023	-
School/Work Site Franklin & Lincoln E		
Name of Meeting/Conference Regional N	(1)	
Date(s) of Meeting/Conference	•	
	K MS 704 Cypress Wood Ln BG Ky 42404	
Rationale for Attendance Noquiled he	ronal meeting Estraining for FRYS grant	
Expenses paid by: SBDM PD Spec	Ed KETS Other (MUST Specify) PRC	
Estimated Expenses:	,	
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expen \$0.46 per mile \$100 per day	ises
	42mi 19.32	
Principal Signature: NMMWWW	Grant/Admin:	
Prior Superintendent Approval: Approved Not Approved	Required if Expenses are Paid by Grant Funds	/
ReasonNot Approved	Superintendent Signature Date	e
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUES	ST
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	***
Charge @	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return dat Other Expenses	te.***
Charge @		te.***
Date # Miles Charge @ Lo	ging Meals Total	te.***
Date # Miles Charge @ Lo	ging Meals Total	te.***
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Date # Miles Charge @ Lo \$.46 Lo	ging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due	te.***
Date # Miles Charge @ Lo	Meals Amount Explanation Total Amount Explanation Total Reimbursement Due Reimbursement Due County Board of Education; and that all	te.***
Date # Miles \$.46 Lo \$.46 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	Meals Amount Explanation Total Amount Explanation Total Reimbursement Due official business; that they are proper County Board of Education; and that all	te.***
Date # Miles \$.46 Lo \$.46 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	Meals Amount Explanation Total Amount Explanation Total Reimbursement Due official business; that they are proper County Board of Education; and that all	te.***

Superintendent for PRIOR APPROVAL Complete ALL items on top half of form.

Attach Meeting Registration Form

Employee Name Locey K. Phillips	Date Submitted 122U
School/Work Site FSH \$ VSC	
Name of Meeting/Conference FRISC	CPP Training
Date(s) of Meeting/Conference \\\ \ \ \ \ \ \ \ \ \ \ \ \	Departure Time 70m Return Time 3pm
Place of Meeting/Conference Drakes	s Creek middle School
Rationale for Attendance CPP Train	ina
Expenses paid by: \square SBDM \square PD \square Sp	Dec Ed KETS Dother (MUST Specify) 040 2104 -0580 - D8K
Estimated Expenses:	
Registration Lodging Meals See policy on ba	Mileage Airfare Substitute Other Total Est. Expenses ack* \$0.46 per mile \$100 per day 21.62
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	1/11/24
Reason	Superintendent Signature Date
pubmit this section upon returning. Include at original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Date # Miles Charge @	trict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Lodging Meals Amount Explanation
Charge @	Other Expenses
Date # Miles Charge @	Lodging Meals Other Expenses Total
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Affidavit: I hereby certify that all expenses included i employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simp data furnished here within is true and correct to the base of the state of the st	Neals Amount Explanation Total In the above statement were incurred by an explored of official business; that they are properson County Board of Education; and that allest of my knowledge. Reimbursement Due Central Office Use:
Affidavit: I hereby certify that all expenses included i employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simp	Lodging Meals Amount Explanation Total In the above statement were incurred by an any of official business; that they are proper son County Board of Education; and that all

Employee Name Wendell	(Enc) Wood Date Submi	itted
School/Work Site FS MS		,
Name of Meeting/Conference	Beta State	
Date(s) of Meeting/Conference 1/1	3-1/16/24 Departure Tin	ne 10:00am Return Time 3:00pm
Place of Meeting/Conference	ntral Bank Center	, Lexington, KY
Rationale for Attendance School	Chaperone	
Expenses paid by: SBDM DPD	☐ Spec Ed ☐ KETS ☑ Other (MUST S	specify) Beta
Estimated Expenses:		
registration == same	Meals Mileage Airfare licy on back* \$0.46 per mile (65.60	Substitute Other Total Est. Expenses \$100 per day
Principal Signature:	Grant/Admin: Superintendent Signature	Required if Expenses are Paid by Grant Funds
*** Per Board Policy 03.125 and 03.225: "Ou Date # Miles Charge @ \$.46	Lodging Meals	Other Expenses Ount Explanation
Charge @	Lodging Meals	Other Expenses Total
Charge @	Lodging Meals	Other Expenses Total
Charge @	Lodging Meals	Other Expenses Ount Explanation Total
Date # Miles Charge @ \$.46 \$.46 Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the	Lodging Meals Am Cluded in the above statement were incurred by a capacity of official business; that they are propine Simpson County Board of Education; and that a	Other Expenses Ount Explanation Total Reimbursement Due
Date # Miles Charge @ \$.46 \$.46 Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the charges qualifying for reimbursement from the state of the sta	Lodging Meals Am Cluded in the above statement were incurred by a capacity of official business; that they are propine Simpson County Board of Education; and that a	Other Expenses ount Explanation Total Reimbursement Due

Employee N	ame Jo	nathan	King	Date	e Submitted	12-07-2	3
School/Worl	k SiteFS	172					
Name of Me	eting/Confere	nce 5ta	te Beta	Conventi	0 1		
Date(s) of M	leeting/Confer	ence Ol-	7 to 01	- 19 Depar	ture Time <u></u>	<u>()() A</u> Meturn Tim	e 3:00 PM
Place of Mee	eting/Conferer	nce <u>Cent</u>	ral Bunk	Center	Lexingto	n ky	
				ete in ev		· · · · · · · · · · · · · · · · · · ·	
				KETS DOther (Beta Fund	
Estimated Ex							
Registratio	n Lodgin			ileage Airfa			otal Est. Expenses
	310	See policy	on back* \$0.46	5 per mile	\$100 p	er day	690 00
	210				0	V I	0 (0.00)
Principal Sig		13/		Grant//	Admin: <u>Ber</u>	4- Required if Expenses are Paid	by Grant Funds
	ntendent Appr			40	1al		1.1/201
Approv	vedNo	t Approvea	Su	perintendent Sign	nature		Date
			3u	perintendent sigi	lature		
	section upon r	eturning. Inclu	de any —	AVEL EVDI	ENICE DEI	MBURSEMENT	REQUEST
	required receip Policy 03.125 an		The second second		T be submitted w	rithin thirty (30) days of the	
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*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
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*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
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*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitted w	ithin thirty (30) days of the her Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitted w	her Expenses Explanation	travel return date.***
*** Per Board Date Affidavit: I her	# Miles # Office of the service of	d 03.225: "Out-o Charge @ \$.46	f-District Travel Re Lodging ded in the above	Meals Meals Statement were incu	Amount Amount	ithin thirty (30) days of the her Expenses	travel return date.***
Date Date Affidavit: I her employee of Scharges qualifi	# Miles # Miles reby certify that a Simpson County Sying for reimburs	charge @ \$.46 State of the capenses inclusion of the capenses in the capenses from	f-District Travel Re Lodging ded in the above pacity of official	Meals Meals Statement were incubusiness; that they acord of Education; a	Amount rred by an are proper and that all	her Expenses Explanation	travel return date.***
Date Date Affidavit: I her employee of Scharges qualifi	# Miles # Miles reby certify that a Simpson County Sying for reimburs	charge @ \$.46 State of the capenses inclusion of the capenses in the capenses from	ded in the above pacity of official Simpson County E	Meals Meals Statement were incubusiness; that they acord of Education; a	Amount rred by an are proper and that all	her Expenses Explanation Reimbursement Due	travel return date.***
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Employee Name Leah Wo	ood	D	ate Submitte	ed 12.29.2	023	
School/Work SiteFSH	S					
Name of Meeting/Conferen	ce KWEL Confere	ence				
Date(s) of Meeting/Confere	nce <u>1/23/2024-1/</u> 2	2 <u>5/2024</u> Dep	arture Time	<u>6:00 am</u>	Return Tim	e <u>5:00 pm</u>
Place of Meeting/Conference	e <u>The Galt Hous</u> e	e, Lousiville				
Rationale for Attendance In	duction into KWE	L, Leadership se	minars			
Expenses paid by:	OM □ PD □ Spec l	Ed □ KETS □ Othe	r (MUST Spe	ecify)		
Estimated Expenses:						
Registration Lodging	Meals		The second second	Substitute	Other	Total Est. Expenses
	See policy on back*	\$0.46 per mile		\$100 per day		\$244.57
	\$120	\$124.57		()/		Φ244.57
Principal Signature:		Gran	t/Admin:	Myln	1 Smill	i
Prior Superintendent Approv	<u>/al</u> :	1	11	Required i	f Expenses are Pai	d by Grant Funds
Not	Approved		8M_			14/24
Reason		Superintendent S	ignature			Date
original required receipt: *** Per Board Policy 03.125 and	CONTRACTOR OF THE PARTY OF THE	TRAVEL EX		ted within thir	ty (30) days of the	
Date # Miles	Charge @ Lodg \$.46	ging Meals	Amou	Other Expe	nses xplanation	Total
			h	Reimb	ursement Due	
Affidavit: I hereby certify that all employee of Simpson County Sc	hools in the capacity of	official business; that the	y are proper	T(CITTA		
charges qualifying for reimburser data furnished here within is true	nent from the Simpson C and correct to the best o	County Board of Education f my knowledge.	; and that all	Central Of	fice Use:	
Employee Signature		Date		Coding		
Supervisor Signature		Date		CFO Appro		

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Ley and the		Maushlan	Date	Submitted	1-4-24	
Employee Name 🕹	tpril MC	<u> </u>	Date	30D/////		
School/Work Site _	KIC	DTC Dire	ctor's Mtg			
Name of Meeting/C		1/23-24	2024 Departs	ure Time 8:1	Return Tir	me 6:00
Date(s) of Meeting,		Holida	el elma			
Place of Meeting/C	onference	- Tuesde	The tree	tino		
Rationale for Atten		aneca	□ KETS ☑ Other (A	//		
Expenses paid by:	□ SBDM □	PD LI Spec Ed	T KE13 MOTHER IN	2		
Estimated Expenses	The second secon	D.P. colo	Mileage Airfar	e Substil	ute Other	Total Est. Expenses
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	150.00	60.00				2/0.00
		v	Grant/A	dmin:		
Principal Signature: Prior Superintender			1 -	Pa	quired if Expenses are Pa	id by Grant Funds
Approved _		ved	1	W		1 / \$ / 24 Date
Reason			Superintendent Signa	ature		pate
ing half (200)	3.125 and 03.225:	graning and an arrangement of the second of	TRAVEL EXPE	NSE REIN	ABURSEMEN hin thirty (30) days of the	T REQUEST e travel return date.***
*** Per Board Policy 0	3.125 and 03.225:	"Out-of-District Trave	el Reimbursements MUST	NSE REIN be submitted with Oth	ABURSEMEN hin thirty (30) days of the er Expenses Explanation	T REQUEST e travel return date.*** Total
*** Per Board Policy 0	3.125 and 03.225:	"Out-of-District Trave	el Reimbursements MUST	be submitted wit	hin thirty (30) days of the er Expenses	e travel return date.***
*** Per Board Policy 0	3.125 and 03.225:	"Out-of-District Trave	el Reimbursements MUST	be submitted wit	hin thirty (30) days of the er Expenses	e travel return date.***
*** Per Board Policy 0	3.125 and 03.225:	"Out-of-District Trave	el Reimbursements MUST	be submitted wit	hin thirty (30) days of the er Expenses	e travel return date.***
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*** Per Board Policy 0	3.125 and 03.225:	"Out-of-District Trave	el Reimbursements MUST	be submitted wit	hin thirty (30) days of the er Expenses	e travel return date.***
Date # M 1/23/24 1/24/24	3.125 and 03.225: iles Chargo \$.46	***Cout-of-District Trave	el Reimbursements MUST	be submitted with Oth Amount	hin thirty (30) days of the er Expenses	Total
Date # M 1/23/24 1/24/24 Affidavit: I bereby cert	fy that all expens	es included in the about the capacity of office	Meals Meals We statement were incursial business; that they are ty Board of Education; and	be submitted with Oth Amount	hin thirty (30) days of the er Expenses Explanation	Total
Date # M 1/23/24 1/24/24 Affidavit: I hereby cert employee of Simpson	fy that all expens County Schools in this is true and county schools in the school schoo	es included in the about the capacity of office	Meals Meals We statement were incursial business; that they are ty Board of Education; and	be submitted with Oth Amount	hin thirty (30) days of the er Expenses Explanation Reimbursement Due	Total

Date Date Affidavit: I hereby employee of Sim	# Miles # Certify that pson County for reimburre within is tr	charge @ \$.46 all expenses inclu Schools in the case from the	ded in the above standard of the best of my know	Meals Meals Itement were incusiness; that they and of Education; and the control of Education;	Amount O Amount urred by an are proper and that all	Reimbursement Due entral Office Use:	Total
Date Date Affidavit: I hereby employee of Sim	# Miles # Certify that pson County for reimburge within is tr	all expenses inclused sement from the rue and correct to	ded in the above standard of the best of my know	Meals Meals Itement were incusiness; that they and of Education; and the control of Education;	Amount arred by an are proper and that all	Reimbursement Due	travel return date.
Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	Lodging	Meals Weals	Amount	vithin thirty (30) days of the ther Expenses Explanation	travel return date.
*** Per Board Po	licy 03.125 at	nd 03.225: "Out-o Charge @	f-District Travel Rein	nbursements MUS	ST be submitted v	vithin thirty (30) days of the ther Expenses	travel return date.
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		and the second		TALL LY		and a second (20) down of the	travel return date.***
	7420779975	CONTRACTOR OF THE PARTY OF THE	TRA	VEL EXP	FNSE REI	MBURSEMENT	REQUEST
Reason			Supe	rintendent Sig	nature		
Prior Superinte	No	ot Approved	2	780			Date
Principal Signat	ture:	Y JA	THENGY	Grant/	Admin:	Required if Expenses are Paid	by Grant Funds
	1	1	10 101 m				
Registration	Longi		on back* \$0.46 p.	er mile	\$100 }	oer day	60.00
Estimated Expe	enses: Lodgi	ng Me	als Mile		WI C		otal Est. Expenses
Expenses paid i	by:	BDM PD	□ Spec Ed □ K	ETS LIPOTNET	(IMD21 Specify		
Rationale for A	Handance	OUNDE	NIO M	MALAY)		(a)
Disco of Meetin	ng/Confere	nce TRAN	IS PORTATION	PEPI / F	PERNESUL	, ky	
Date(s) of Mee	ting/Confe	rence	18-29/2004	Depai	rture Time	: DoReturn Tim	e_0.00
School/Work S	ite	ence PT	RYC TOT				Q'no
	ne <u>Kac</u>	hel Wit	uglat_	Dat	e Submitted _	17/2041	
Employee Nam	2		0 /		الممندنسات	1/4/2024	
The state of the s	ing parties	geicht Seiere				LEMO	
Fmployee Nam			OUT-O	F-DISTRI	CT TRAV	/FI AUTHORI	ZATION

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Employee N	ame faur	a Mille	r. Welsh	Dat	e Submitted	1/4/202) 4
School/Worl	k Site	ATC D	TOVA 1	`0 T			
		12	TRYC 7	U.F	Time	8:00 Return 1	Time 8:00
	- ating/Confe	rence 1175	1-24/2005	рераі	ture rime_		
	-time/Conford	nce TRAN	SPORTATION	I DEPT /	Frankfi	ort	
Place of Mee	eting/Comerc	7	- 0 dx				
Rationale for	r Attendance	- pyra	rid de	acres of	MALIST Speci	ful MDS	587
Expenses pa	id by:	SBDM DPD	☐ Spec Ed ☐ I	(ETS LUI Owner (MID21 Sheer	171_500	
Estimated Ex					12	Giban.	Total Est. Expenses
Registratio			CMID	eage Airfa		bstītute Other 00 per day	(Otal Est. Expenses
McBistiania		See polic	ry on back* \$0.46	per mile			60.00
		1 60).00				60. –
	/	JANI	Menhi	Grant/	Admin:		
Principal Sign	nature:	HITTE	THAVE	1 diane,	11	Required if Expenses are	Paid by Gran Funds
	tendent App		0	1-18	10		1/4/24
Approv	vedNo	ot Approved	Com	erintendent Sigr	nature		Date
Reason			Sup	etiliterident sigi	ididi c		
	Policy 03.125 a	nd 03.225: "Out-	of-District Travel Rei	mbursements MUS	T be submitte	d within thirty (30) days of to Other Expenses	the travel return date.*** Total
NAME OF TAXABLE PARTY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Charge @	The second secon				Utai
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Explanation	(Otal
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	THE PARTY OF		Lodging	ivieals	Amount	Explanation	(Ota)
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	THE PARTY OF		Lodging	ivieals	Amount	Explanation	(Otal
	THE PARTY OF		Lodging	ivieals	Amount	Explanation	(Otal)
Date	# Miles	\$.46					
Date Affidavit: I heremployee of S	# Miles eby certify that simpson County	\$.46 all expenses inclusions the control of the co	Lodging uded in the above stapacity of official best of my known the be	tatement were incu	rred by an	Reimbursement Du Central Office Use:	
Affidavit: I her employee of Scharges qualify data furnished	eby certify that simpson County ying for reimbur here within is to	\$.46 all expenses inclusions the control of the co	uded in the above stapacity of official b	tatement were incu usiness; that they a pard of Education; a wledge.	rred by an are proper nd that all	Reimbursement Du	
Date Affidavit: I heremployee of S	eby certify that simpson County ying for reimbur here within is to	\$.46 all expenses inclusions the control of the co	uded in the above stapacity of official b	tatement were incu	rred by an are proper nd that all	Reimbursement Du Central Office Use:	
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Employee Name Shelina Sun-	h 12-29-23
Employee Name Off /// Sport	Date Submitted
School/Work Site <u>Contral Office</u>	Leadenhip Sunmit
Name of Meeting/Conference $\frac{DEIB}{l-30}$	
Place of Meeting/Conference	
Place of Meeting/Conference	
Rationale for Attendance	
Expenses paid by: SBDM PD :	Spec Ed □ KETS □ Other (MUST Specify) <u>TQ</u>
Estimated Expenses:	
Registration Lodging Meals See policy on	
299 160.96 40.	- 90.16 0 590.12
	N. I. L. B.
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval: Approved Not Approved	1/4/24
Reason	Superintendent Signature Date
Submit this section upon returning. Include	TO A VICE EVENING DELABORDOCE ACAIT DECLIECT
original required receipts and signatures.	
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-D Date # Miles Charge @	istrict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses Total
original required receipts and signatures *** Per Board Policy 03.125 and 03.225: "Out-of-D Charge @	istrict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses
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Employee Name Ambey Comostus	Date Submitted12-14-23
School/Work Site <u>FSMS</u>	
Name of Meeting/Conference KMEA	
Date(s) of Meeting/Conference Feb. 7-10, 2024	Departure TimeReturn Time
	ational Convention Center, Louisville, KY
Rationale for Attendance Band Professional De	exclopment
Expenses paid by: SBDM PD Spec Ed KE	TS _ Sther (MUST Specify, TQ
Estimated Expenses:	
Registration Lodging Meals Milea See policy on back* \$0.46 per 300,00 140,00 124 Principal Signature: Prior Superintendent Approval. Approved Not Approved Reason Super	mile \$100 per day
original required receipts and signatures.	VEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reiml Date # Miles Charge @ Lodging \$.46	Other Expenses Meals Amount Explanation
Date # Miles Charge @ Lodging	Other Expenses Total
Date # Miles Charge @ Lodging	Other Expenses Total
Date # Miles Charge @ Lodging	Other Expenses Total
Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above state	Meals Amount Explanation Total Amount Explanation Reimbursement Due
Date # Miles Charge @ Lodging Lodging	Meals Amount Explanation Explanation Total Reimbursement Due iness; that they are proper d of Education; and that all
Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above state employee of Simpson County Schools in the capacity of official busic charges qualifying for reimbursement from the Simpson County Board	Meals Amount Explanation Explanation Total Reimbursement Due iness; that they are proper d of Education; and that all