Employee Name David Well	ster	Date Submitted	Dr23-24	
School/Work Site Central	ffice.			
Name of Meeting/Conference KSB	A Annual Con-	ference	2.0	
Date(s) of Meeting/Conference	11-3	_Departure Time	3:00 ptReturn Time	= 300 pm
Place of Meeting/Conference	+ House-Lou	isville, Ky		·
Rationale for Attendance Traini	ng Hours			6
Expenses paid by:	☐ Spec Ed ☐ KETS ☐	Other (MUST Specif	v10011071-0338	5 + 0630_
Estimated Expenses:				
Registration 2008.18	Meals Mileage licy on back* \$0.46 per mile 0.00 125.12		per day	otal Est. Expenses
Principal Signature:		Grant/Admin:		
Prior Superintendent Approval:		10	Required if Expenses are Paid	by Grant Funds
Approved Not Approved.		1551	<i>y</i>	
Reason	Superintend	ent Signature		Date
original required receipts and signa	tures. INAVEL	EVLENOF WE	IMBURSEMENT	MEGOLDI
Per Board Policy 03.125 and 03.225: "Ou Date # Miles Charge @ \$.46	t-of-District Travel Reimbursem			travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Per Board Policy 03.125 and 03.225: "Ou Charge @	t-of-District Travel Reimbursem	eals	within thirty (30) days of the o	
Date # Miles Charge @ \$.46	Lodging Me	Amount	Other Expenses Explanation	
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the	Lodging Me Lodging Me	were incurred by an nat they are proper	within thirty (30) days of the o	
Date # Miles Charge @ \$.46	Lodging Me Lodging Me cluded in the above statement of capacity of official business; the Simpson County Board of Edu	were incurred by an nat they are proper ucation; and that all	Other Expenses Explanation	
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the charges qualifying for reimbursement from to data furnished here within is true and correct	Lodging Me Lodging Me cluded in the above statement v capacity of official business; the Simpson County Board of Eduto to the best of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimbursement Due Central Office Use:	
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the charges qualifying for reimbursement from	Lodging Me Lodging Me cluded in the above statement v capacity of official business; the Simpson County Board of Eduto to the best of my knowledge.	were incurred by an nat they are proper ucation; and that all	Other Expenses Explanation Reimbursement Due	

Employee Name Vancy Uhls	Date Subm	itted <u>01-23-24</u>	
School/Work Site Central Office	1 A		
Name of Meeting/Conference KSBA HM	mal confuer		1:0
Date(s) of Meeting/Conference	Departure Tir	me <u>b. DDam</u> Return Time	200 pm
Place of Meeting/Conference Gadt Hous	Louisville, K	C.Y.	
Rationale for Attendance Iraining Ho	155	DOUDT 1 122	2,0/20
Expenses paid by:	KETS Other (MUST S	Specify) DD11D71-033 8	2 4 DO 30
Estimated Expenses:			
Registration Lodging Meals See policy on back* 5 80.00 561.27 J20.00	Mileage Airfare \$0.46 per mile	\$100 per day Parking	otal Est. Expenses 476・39
Principal Signature:Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	45/1	_	
Reason	Superintendent Signature		Date
original required receipts and signatures.			REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	omitted within thirty (30) days of the t	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals Am	Other Expenses nount Explanation	travel return date.***
### Per Board Policy 03.125 and 03.225: "Out-of-District Translation Date # Miles Charge @ \$.46 Lodging \$.46 Affidavit: I hereby certify that all expenses included in the all employee of Simpson County Schools in the capacity of of	bove statement were incurred by a ficial business; that they are prop	Other Expenses nount Explanation Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	bove statement were incurred by afficial business; that they are propunty Board of Education; and that	Other Expenses nount Explanation Reimbursement Due	travel return date.***
### Per Board Policy 03.125 and 03.225: "Out-of-District Translation Date # Miles Charge @ \$.46 Lodging \$.46 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 County and correct to the best of response to the best of response to the service of the service	bove statement were incurred by a ficial business; that they are propunty Board of Education; and that any knowledge.	Other Expenses nount Explanation Reimbursement Due certall	travel return date.***
### Per Board Policy 03.125 and 03.225: "Out-of-District Tra	bove statement were incurred by afficial business; that they are propunty Board of Education; and that	Other Expenses Count Explanation Reimbursement Due	travel return date.***

Employee Na	me J)M	Sch 10:	sser	Dat	e Submitte	ed 01-6	13-24	
School/Work	Site CO			62				
Name of Mo	nting/Confor	ence KSBA	Annu	al Conf	crenc	en		3-12-
Date(s) of Mo	eeting/Confe	erence Man	1-3	Depar	ture Time	_b.DL	Am Return Ti	me Li.Do om
Place of Mee	ting/Confere	ence <u>Solt</u>	HOMSE.	Louisvi	De K	Ó		
Rationale for	Attendance	Traini	og HOU	13				
Expenses pai	d by:	SBDM 🗆 PD	☐ Spec Ed ☐	KETS	MUST Spe	cify)		
Estimated Ex	penses:							
Registration	n Lodgi			ileage Airfa		Substitute 100 per day		Total Est. Expenses
425 a	374,	See policy 18 120.1		5 per mile	Ť	stoo ber oay	Parking 90.00	1004.18
Principal Sigr Prior Superin Approv Reason	tendent App red No	ot Approved	Su	Grant/	Sh	Requir	ed if Expenses are P	aid by Grant Funds Date
		returning. Including ipts and signatur		RAVEL EXP	ENSE P	REIMB	URSEMEN	T REQUEST
*** Per Board	Policy 03.125 a	nd 03.225: "Out-of	-District Travel R	eimbursements MUS	T be submit			ne travel return date.***
*** Per Board Date	Policy 03.125 a	ond 03.225: "Out-of Charge @ \$.46	-District Travel R	eimbursements MUS Meals	Amou	Other E	thirty (30) days of to xpenses Explanation	ne travel return date.*** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
*** Per Board	Policy 03.125 a	nd 03.225: "Out-ol Charge @	-District Travel R	THE REAL PROPERTY.		Other E	xpenses	STATE OF THE PARTY
Per Board Date 2 - 29 3 - D2 Affidavit: I here	# Miles	charge @ \$.46	Lodging Lodging	Meals statement were incu	Amoun	Other E	xpenses	Total
Date 2-29 3-D2 Affidavit: I here employee of S charges qualify	# Miles # Miles eby certify that impson County ing for reimbur	charge @ \$.46 share all expenses include Schools in the ca	Lodging Lodging ded in the above pacity of official Simpson County E	statement were incubusiness; that they	Amount of the state of the stat	Other E	xpenses Explanation	Total
Date 2 - 29 3 - D2 Affidavit: I here employee of S charges qualify	# Miles # Miles eby certify that impson Countying for reimburhere within is to	charge @ \$.46 shade all expenses include Schools in the carsement from the State of	Lodging Lodging ded in the above pacity of official Simpson County E	statement were incubusiness; that they	Amount of the state of the stat	Other E	mbursement Du	Total

Employee Name Mann	Date Submitted <u>O-29-</u> 2	4
School/Work Site Central Office	1.1	
Name of Meeting/Conference	al Contrence	2-03
Date(s) of Meeting/Conference	Departure Time	Return Time Line pm
	& Louisville, Ro	
Rationale for Attendance National Hou	13	71
Expenses paid by: 🔲 SBDM 🔲 PD 🗓 Spec Ed	☐ KETS ☐ Other (MUST Specify) ☑ DDDD	
Estimated Expenses:		
Registration Lodging Meals See policy on back* 560.00 580.27 120.00	Mileage Airfare Substitute \$0.46 per mile \$100 per day	Other Total Est. Expenses Ling 0.00 1476.39
Principal Signature: Prior Superintendent Approval: Approved Not Approved	Grant/Admin:Required if Exp	enses are Paid by Grant Funds
Reason	Superintendent Signature	Date
original required receipts and signatures.	TRAVEL EXPENSE REIMBURS	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Train Date # Miles Charge @ Lodgin	vel Reimbursements MUST be submitted within thirty (30 Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30 Other Expenses	o) days of the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30 Other Expenses	o) days of the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30 Other Expenses	o) days of the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30 Other Expenses	o) days of the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Meals Amount Expla	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Meals Meals Meals Amount Expla Dove statement were incurred by an ficial business; that they are proper nty Board of Education; and that all	nation Total ement Due
### Per Board Policy 03.125 and 03.225: "Out-of-District Tra Date # Miles Charge @ \$.46 Lodgin 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 County Schools in the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of the	Meals Meals Meals Amount Expla Dove statement were incurred by an ficial business; that they are proper nty Board of Education; and that all	nation Total ement Due