

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Morgan Beard Date Submitted 1/4/24  
 School/Work Site Franklin-Simpson HS  
 Name of Meeting/Conference State Convention  
 Date(s) of Meeting/Conference Jan 13-19 Departure Time 2pm Return Time 3pm  
 Place of Meeting/Conference Lexington, KY  
 Rationale for Attendance Club Sponsor / KY State Sponsor Elect  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) National office

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other            | Total Est. Expenses |
|--------------|---------|---|---|---------|--|------------------|---------------------|
| /            | \$900   | /   | /   | /       | \$400                                      | \$100<br>parking | \$1400              |

Principal Signature: \_\_\_\_\_ Grant/Admin: BETA  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSM Date 1/3/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
|      |         |                   |         |       |                |             |       |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

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

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
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 Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Robert Bell #9184 Date Submitted 1-11-2024  
 School/Work Site Transportation  
 Name of Meeting/Conference Beta Club  
 Date(s) of Meeting/Conference 1/17 - 1/19/24 Departure Time 1/17 11:00am Return Time 1/19 3:00 pm  
 Place of Meeting/Conference Lexington Convention Center  
 Rationale for Attendance Beta Club Convention  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FSHS BETA

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| -            | -       | 9 Meals                                     |   |         |  |       | \$ 80.00            |

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/12/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date    | # Miles | Charge @ \$ .46 | Lodging | Meals | Other Expenses |             | Total    |
|---------|---------|-----------------|---------|-------|----------------|-------------|----------|
|         |         |                 |         |       | Amount         | Explanation |          |
| 1/17/24 |         |                 |         |       |                |             | \$ 20.00 |
| 1/18/24 |         |                 |         |       |                |             | \$ 40.00 |
| 1/19/24 |         |                 |         |       |                |             | \$ 20.00 |
|         |         |                 |         |       |                |             |          |
|         |         |                 |         |       |                |             |          |
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|         |         |                 |         |       |                |             |          |
|         |         |                 |         |       |                |             | \$ 80.00 |

**RECEIVED**  
 JAN 11 2024  
 BY: \_\_\_\_\_

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

[Signature] 1-11-2024  
 Employee Signature Date  
[Signature] 1/11/2024  
 Supervisor Signature Date

Central Office Use:

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Coding

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CFO Approval

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Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Melinda McElrath Date Submitted 2.1.24

School/Work Site C.O.

Name of Meeting/Conference KWEL

Date(s) of Meeting/Conference Jan 23-25, 2024 Departure Time 12N Return Time 3:00

Place of Meeting/Conference Galt House Louisville, KY

Rationale for Attendance Leadership Opportunity

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration       | Lodging            | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other         | Total Est. Expenses  |
|--------------------|--------------------|---|---|---------|--|---------------|----------------------|
| 499. <sup>00</sup> | 400. <sup>00</sup> | 80. <sup>00</sup>                           | 118. <sup>00</sup>                        | NA      | N/A  | \$100 parking | 1,197. <sup>00</sup> |

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_

Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds

Approved  Not Approved...  
Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 2/1/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date    | # Miles | Charge @<br>\$.46 | Lodging | Meals             | Other Expenses     |                         | Total  |
|---------|---------|-------------------|---------|-------------------|--------------------|-------------------------|--------|
|         |         |                   |         |                   | Amount             | Explanation             |        |
| 1.23.24 | 136     | 62.56             | 196.70  | 20. <sup>00</sup> | 279.26             |                         | 279.26 |
| 1.25.24 | 120     | 55.20             |         | 20. <sup>00</sup> | 75.20              |                         | 75.20  |
| 1.24.24 | /       | /                 | 196.70  | 40. <sup>00</sup> | 236.70             |                         | 236.70 |
|         |         |                   |         |                   | 499. <sup>00</sup> | Registration Conference | 499.00 |
|         |         |                   |         |                   |                    |                         |        |
|         |         |                   |         |                   |                    |                         |        |
|         |         |                   |         |                   |                    |                         |        |

**Reimbursement Due** 1,098.16

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature [Signature] Date 02.1.24  
Supervisor Signature [Signature] Date 2/1/24

Central Office Use:

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Coding

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CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Debra Iskas Date Submitted 1/23/24  
 School/Work Site Franklin Simpson High School  
 Name of Meeting/Conference DECA Regional Conference  
 Date(s) of Meeting/Conference 1/26/23 Departure Time 8:15 Return Time 5:00  
 Place of Meeting/Conference LKU  
 Rationale for Attendance co-curricular competition  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|--|---------|--|-------|---------------------|
| 50           | -       | -   | -  | -       | 100  |       | \$150.00            |

Principal Signature: \_\_\_\_\_ Grant/Admin: DECA \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 1/24/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
|      |         |                   |         |       |                |             |       |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

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

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
 Complete ALL items on top half of form.  
 Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Robin Hollingsworth Date Submitted 1/23/2024  
 School/Work Site CE: Beasley House  
 Name of Meeting/Conference KCEA Legislative Day  
 Date(s) of Meeting/Conference 1/31/24 - 2/1/24 Departure Time 1:00pm Return Time 6:30pm  
 Place of Meeting/Conference Best Western Hotel Frankfurt, Ky<sup>3</sup> Capitol Annex  
 Rationale for Attendance Annual Professional meeting: Advocacy for KCE  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other CE Budget

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.41 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| 0            | 113.42  | 20.00                                       | 350 miles<br><del>444.00</del><br>161.00  | 0       | 0  | 0     | 194.42              |

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/28/24  
Required if Expenses are Paid by Grant Funds

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

**\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*"**

| Date                     | # Miles | Charge @<br>\$.41 | Lodging | Meals | Other Expenses |             | Total |
|--------------------------|---------|-------------------|---------|-------|----------------|-------------|-------|
|                          |         |                   |         |       | Amount         | Explanation |       |
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| <b>Reimbursement Due</b> |         |                   |         |       |                |             |       |

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

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

Central Office Use:  
 \_\_\_\_\_  
 Coding  
 \_\_\_\_\_  
 CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Melanie Abney Date Submitted 1/23/24  
 School/Work Site FSHS  
 Name of Meeting/Conference FCCLA STAR Events Competition  
 Date(s) of Meeting/Conference 2/2/24 Departure Time 8:30 Return Time 3:00  
 Place of Meeting/Conference GRECC, Bowling Green, KY  
 Rationale for Attendance advisors to the competitors & chair events  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Perkins

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: FCCLA  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/29/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

Melanie Abney  
Employee Signature Date 1/23/24

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

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name DYAN B WILHITE Date Submitted 1-23-24  
 School/Work Site FSHS  
 Name of Meeting/Conference FCCLA REGIONAL STAR EVENTS  
 Date(s) of Meeting/Conference FEB 2nd Departure Time 8:00 Return Time 3:00  
 Place of Meeting/Conference GRREC  
 Rationale for Attendance STUDENT COMP.  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: FCCLA  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/29/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

[Signature] 1-23-24  
 Employee Signature Date

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

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kyle Graves Date Submitted 1/16/24  
 School/Work Site FHS  
 Name of Meeting/Conference KMEA Annual Conference  
 Date(s) of Meeting/Conference 2/7/24 - 2/10/24 Departure Time 8am Return Time 5pm  
 Place of Meeting/Conference KY International Convention Center - Louisville, KY  
 Rationale for Attendance this is our state music educators conference / All-State Bands  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration         | Lodging  | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|----------------------|----------|---|---|---------|--|-------|---------------------|
| \$105. <sup>00</sup> | \$283.05 | \$100. <sup>00</sup>                        | \$123.46                                  | N/A     | \$306. <sup>00</sup>                       | N/A   | \$911.51            |

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

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

**\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\***

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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**Reimbursement Due** \_\_\_\_\_

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

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Holly Simon Date Submitted 1-23-24  
 School/Work Site FCS  
 Name of Meeting/Conference Coordinator + Principal training  
 Date(s) of Meeting/Conference 2-7; 5-1 Departure Time 8am Return Time 3pm  
 Place of Meeting/Conference Cave City  
 Rationale for Attendance Job duty  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) PP6 grant

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         |   | 100                                       |         |  |       | 46.00 each          |

Principal Signature: [Signature] Grant/Admin: [Signature]  
 Prior Superintendent Approval:  Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/29/24  
Required if Expenses are Paid by Grant Funds

Submit this section upon returning. Include any original required receipts and signatures. **TRAVEL EXPENSE REIMBURSEMENT REQUEST**

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date 1/24/24  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Aaron Talley Date Submitted 1/25/24  
 School/Work Site FSHS  
 Name of Meeting/Conference KMEA Conference  
 Date(s) of Meeting/Conference Feb 7-10 Departure Time 8:00 - Feb 7 Return Time 3:00 pm Feb 10  
 Place of Meeting/Conference Hyatt - Louisville, KY  
 Rationale for Attendance Kentucky Music Educators Conference + Professional Development  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) Choir Funds from C.O.

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| \$ 105       | 585     | 100   |   |         | 300  |       | \$ 1,090            |

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 2/6/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

**\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\***

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
|      |         |                   |         |       |                |             |       |
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Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

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

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
 Complete ALL items on top half of form.  
 Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sheena Searcy Date Submitted \_\_\_\_\_  
 School/Work Site FSHS  
 Name of Meeting/Conference Region Executive Council Meeting  
 Date(s) of Meeting/Conference 2/9 Departure Time 8 AM Return Time 3PM  
 Place of Meeting/Conference Bowling Green WKU/Olde Stone  
 Rationale for Attendance Planning Meeting (last one!!), supervision of *Chloe Choney Payton Nelson*  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) n/a

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSM Date 1/17/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

**\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*"**

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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Employee Signature Sheena Searcy Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_  
 Coding

\_\_\_\_\_  
 CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
Complete ALL items on top half of form.  
Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Joshua London Date Submitted 1/23/2024  
 School/Work Site Maint.  
 Name of Meeting/Conference Tenbarge Seeds Education + Trade Show  
 Date(s) of Meeting/Conference Wed, 2/14/24 Departure Time 6:45AM Return Time 4:45pm  
 Place of Meeting/Conference National Corvette Museum - BG, Ky  
 Rationale for Attendance CE needed for grounds maint.  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 0001088-0338

**Estimated Expenses:**

| Registration   | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small>   | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--|---------|---|---|---------|--|-------|---------------------|
| <u>50.00</u><br><small>Paid by Amanda's VISA</small> | —       | —   | <u>25.21</u><br><small>(54.8 miles)</small> | —       | —  | —     | <u>75.2150</u>      |

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

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
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Employee Signature [Signature] Date 1-23-2024

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

**Reimbursement Due**

Central Office Use:  
0001088-0338  
 Coding  
 CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 1/24/2024  
 School/Work Site Franklin & Lincoln Elem. FRC  
 Name of Meeting/Conference Legislative Page Day  
 Date(s) of Meeting/Conference 2/15/2024 Departure Time 5am Return Time 7pm  
 Place of Meeting/Conference Capitol building, Frank DA, Ky 40601  
 Rationale for Attendance Student engagement during legislative session  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FRC

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         | \$40  | 298                                       |         |  |       | \$338.00            |

Principal Signature: [Signature] Grant/Admin: [Signature]  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 1/26/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
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**Reimbursement Due** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
[Signature] 1.25.2024  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Stevens Date Submitted 1/23/24  
 School/Work Site Lincoln  
 Name of Meeting/Conference Autism Cadre at GRREC  
 Date(s) of Meeting/Conference 2/21/24 Departure Time 7:45 am Return Time 4:15 pm  
 Place of Meeting/Conference GRREC 230 Technology way Bowling Green, KY 42101  
 Rationale for Attendance school representative for cadre  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| <u>0</u>     |         | <u>0</u>                                    | <u>30.36</u>                              |         |  |       | <u>30.36</u>        |

Principal Signature: Joyce Davis Grant/Admin: Kelley Baker  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved... Reason \_\_\_\_\_  
 Superintendent Signature [Signature] Date 1/24/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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**Reimbursement Due** \_\_\_\_\_

[Signature]  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Central Office Use:

\_\_\_\_\_

Coding

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CEO Approval

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Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Robin Hollingsworth Date Submitted 1/23/2024  
 School/Work Site CE Beasley House  
 Name of Meeting/Conference KY Volunteer Forum  
 Date(s) of Meeting/Conference 2/22/24 - 2/24/24 Departure Time 6:00am Return Time 7:00pm  
 Place of Meeting/Conference Hyatt Regency Lexington Conference Center  
 Rationale for Attendance Workshops, Professional Development, Networking (Presenting A)  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other CE - Budget (Workshop)

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.41 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| 250.00       | 311.07  | 20.00                                       | 400 mls<br><del>164.00</del><br>184.00    | 0       | 0  | 0     | 765.07              |

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 1/24/25

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.41 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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**Reimbursement Due**

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

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

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.  
 Complete ALL items on top half of form.  
 Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LOREI HORSHELL Date Submitted \_\_\_\_\_  
 School/Work Site Simpson Elementary FRC Coordinator  
 Name of Meeting/Conference 4-H Volunteer Forum  
 Date(s) of Meeting/Conference 2/22/24 - 2/24/24 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Lexington  
 Rationale for Attendance Presenting a workshop  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) SES FRC

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| \$250        |         |   |   |         |  |       |                     |

Principal Signature: [Signature] Grant/Admin: [Signature]  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 1/30/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
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**Reimbursement Due**

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

Central Office Use:

\_\_\_\_\_  
 Coding

\_\_\_\_\_  
 CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 1/24/24  
 School/Work Site Franklin & Lincoln Elem FRC  
 Name of Meeting/Conference KY 4-H Forum  
 Date(s) of Meeting/Conference 2/23/24 Departure Time 11am Return Time 6pm  
 Place of Meeting/Conference Hyatt Regency, Lexington, Ky  
 Rationale for Attendance presenting the partnership between FRC & Extension Services  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FRC

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         | \$30  | 340                                       |         |  |       | \$366.00            |

Principal Signature: [Signature] Grant/Admin: [Signature]  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 1/26/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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| Date | # Miles | Charge @<br>\$.46 | Lodging | Meals | Other Expenses |             | Total |
|------|---------|-------------------|---------|-------|----------------|-------------|-------|
|      |         |                   |         |       | Amount         | Explanation |       |
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**Reimbursement Due** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date 1.25.2024  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:  
 \_\_\_\_\_  
 Coding  
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 CFO Approval