Employee Name Michelle Mcherson Date Submitte	ed 02/10/24
School/Work Site F5H5	Tentaina
Name of Meeting/Conference New Teacher Institute Spri Date(s) of Meeting/Conference Da 28/24 - 02 29/24 Departure Time	20127124
Date(s) of Meeting/Conference Da 38 25 - 02 39 34 Departure Time	Return Time Octo (4 pm
Place of Meeting/Conference Madisonville Community	Collège
Rationale for Attendance Mcn da tory	10001
Expenses paid by:	ecify)
Estimated Expenses:	
Registration Loughing Media	Substitute Other Total Est. Expenses \$100 per day
NIA \$250 \$80 NIA 3	200 NIA \$612.80
Principal Signature: Grant/Admin:	the the
Prior Superintendent Approval.	Required Expenses are Paid by Grant Funds
Approved Not Approved	1/30/24
ReasonSuperintendent Signature	Date
original required receipts and signatures.	REIMBURSEMENT REQUEST
to the country of the state of	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submi	Other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements WOST be submit Date # Miles Charge @ Lodging Meals Amou	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
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Date # Miles Charge @ Lodging Meals	Other Expenses Int Explanation Total
Date # Miles Charge @ Lodging Meals Amou	Other Expenses Total
Date # Miles \$.46 Lodging Meals Amou	Other Expenses Int Explanation Reimbursement Due
Date # Miles Charge @ Lodging Meals Amou	Other Expenses Int Explanation Total
Date # Miles \$.46 Lodging Meals Amou	Other Expenses Int Explanation Reimbursement Due
Date # Miles \$.46 Lodging Meals Amou	Other Expenses Int Explanation Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.	Other Expenses Int Explanation Reimbursement Due Central Office Use:

		01-02 011	
Employee Name David Webster	Date Submitte	Dr23-24	
sahaal Mark Site (+ MM) () ()	In a Creative		
Name of Meeting/Conference KSBA HNNUAL L	wherence Ex	29 2	2''00 000
Details) of Meeting/Conference MM 1-3	Departure Time	3:00 pareturn Time	3.00 pm
Place of Meeting/Conference Galt House-L	DUISVILLE, K	0	
Rationale for Attendance Training Hours Expenses paid by: SBDM PD Spec Ed KE			2. 1.20
Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spec Ed 🔲 KE	TS Other (MUST Spe	city) <u>DD11011-000</u>	+4650
Estimated Expenses:			TEXTS OF WATER
Registration Lodging Meals See policy on back* Milea S0.46 pe 545.00 561.27 120.00 125.1	r mile \$	100 per day	144). 39
Principal Signature: Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	1) 7	W	Date
ReasonSuper	rintendent Signature		
		EIMBURSEMENT	
### Per Reard Policy 03 125 and 03,225: "Out-of-District Travel Reim	bursements MUST be submit	ted within thirty (30) days of the t	ravel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reim Date # Miles Charge @ Lodging	Meals	Other Expenses	travel return date.*** Total
Charge @ Lodging		Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals Amou	Other Expenses It Explanation	
Date # Miles Charge @ Lodging \$.46 Lodging	Meals Amount	Other Expenses	
Date # Miles Charge @ Lodging	Meals Amount tement were incurred by an siness; that they are proper rd of Education; and that all	Other Expenses It Explanation	
Date # Miles \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above statemployee of Simpson County Schools in the capacity of official bus charges qualifying for reimbursement from the Simpson County Boardata furnished here within is true and correct to the best of my knowledge.	Meals Amount tement were incurred by an siness; that they are proper rd of Education; and that all	Other Expenses It Explanation Reimbursement Due	
Date # Miles \$.46 Lodging State Lodging Affidavit: I hereby certify that all expenses included in the above statemployee of Simpson County Schools in the capacity of official bushbarran qualifying for reimbursement from the Simpson County Boards.	Meals Amount tement were incurred by an siness; that they are proper rd of Education; and that all ledge.	Reimbursement Due Central Office Use:	

Employee Name Nana	1161<	Date Sub	mitted \mathcal{D}	23-24	
Employee Name No.	TAI OFFICE				
School/Work Site Cloth	13200	wal tomble	nce		
Name of Meeting/Conference	Man)-3	Departure 1	ime 6:000	m Return Time	6:00 pm
Date(s) of Meeting/Conference	6001 1 000	1 Janianille	KU		y
_	A .		0		
Rationale for Attendance <u>Tr</u>	aining Hol	KETS Other (MUST		11/71-0338	2 + D6 30
Expenses paid by: SBDN	M □ PD □ Spec Ed	☐ KETS ☑ Other (MUS	Specify)	71011 0000	3.200
Estimated Expenses:				Other	otal Est. Expenses
Registration Lodging 560.00 561.27	Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substitute \$100 per day	parking	1476.39
Principal Signature: Prior Superintendent Approva Approved Not Ap	<u>ıl</u> :	Grant/Admir	n:Requir	ed if Expenses are Paid	
Reason		Superintendent Signature	2		Date
Submit this section upon retu original required receipts a	and signatures.	TRAVEL EXPENS			
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	ubmitted within Other E Imount	thirty (30) days of the xpenses Explanation	travel return date.*** Total
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	xpenses	AND DESCRIPTION OF THE PERSON
*** Per Board Policy 03.125 and 03	3.225: "Out-of-District Tra	ng Meals	Other E	Explanation	AND DESCRIPTION OF THE PERSON
Date # Miles C	xpenses included in the a	bove statement were incurred by	Other E Imount By an oper	xpenses	AND DESCRIPTION OF THE PERSON
Date # Miles Ci	harge @ Lodgir \$.46 Lodgir part from the apacity of of the capacity of of the capacity of of the capacity of of the capacity of of	bove statement were incurred by the ficial business; that they are property Board of Education; and the	Other E Imount Rei oper at all	Explanation	AND DESCRIPTION OF THE PERSON
Affidavit: I hereby certify that all exemployee of Simpson County Schocharges qualifying for reimbursemedata furnished here within is true at	harge @ Lodgir \$.46 Lodgir part from the apacity of of the capacity of of the capacity of of the capacity of of the capacity of of	bove statement were incurred by the ficial business; that they are prunty Board of Education; and the my knowledge.	Other E Imount Rei oper at all	Explanation Embursement Due	AND DESCRIPTION OF THE PERSON
Date # Miles Company Affidavit: I hereby certify that all exemployee of Simpson County Schools and Company	harge @ Lodgir \$.46 Lodgir part from the apacity of of the capacity of of the capacity of of the capacity of of the capacity of of	bove statement were incurred by the ficial business; that they are property Board of Education; and the	oy an oper at all	Explanation Embursement Due	AND DESCRIPTION OF THE PERSON

	N-12, 71
Employee Name Tim Sch 10 SSET Date Submitted	0 23 27
School/Work Site CO	1.
Name of Meeting/Conference KSBA Annual Omference	TO AM Petura Time 1 DO OM
Date(s) of Meeting/Conference	A Return Time 10.00 pm
Place of Meeting/Conference <u>SOLY HOUSE LOUISVIIIE</u> P	
Rationale for Attendance Training Hours	· 6. A
Expenses paid by:	
Estimated Expenses:	ubstitute Other Total Est. Expenses
Degistration Indiana Wedis	of per day ALKING 1000 JOOG, 18
Principal Signature: Grant/Admin: Prior Superintendent Approval: Not Approved	Required if Expenses are Paid by Grant Funds
Reason Superintendent Signature	Date
	Ellamount medicine.
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge @ Lodging Meals Amount 2-29 3-02	Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge Charge Lodging Meals Amount 2-29 3-D2 Affidavit: I hereby certify that all expenses included in the above statement were incurred by an analysis of Signeron County Schools in the capacity of official business; that they are proper	Other Expenses t Explanation Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge @ Lodging Meals Amount 2-29 3-02	Other Expenses t Explanation Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge © \$,46 Lodging Meals Amount 2-29 3-02 Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all	Other Expenses t Explanation Reimbursement Due

Employee Name 10,100	mie Mar)/\	Date	e Submitte	d <u>Otó</u>	29-24	
School/Work Site	HONGE CH	Fice					
Name of Meeting/Confer		Annual (merer	nce			2 /13
Date(s) of Meeting/Confe	erence Man)	1-,3	Depar	ture Time	6:00 L	Return Tim	e 6:00 pm
Place of Meeting/Confere	ence <u>Galt</u>	House L	0418111	le Kro			•
a	Trainin/	Dours.					
Sationale for Attendance	SRDM [] PD]	Spec Ed □ K	ETS DOther (MUST Spec	cify) D	DI) D71	
	300141 10 .	2 5 p c c 2 a					
Estimated Expenses:	ing Me	als Mile	age Airfa	are S	ubstitute	Other	Total Est. Expenses
Registration Lodgi	See policy	on back* \$0.46 p	er mile		100 per day	DAIRINA	476.39
Principal Signature: Prior Superintendent App Approved N	oroval:		Grant/	18	Requi	ed if Expenses are Pai	
Reason		Supe	erintendent Sign	nature			Date
Submit this section upon original required rece		Maria IR	AVEL EXP	ense k	CHALL	BURSEMENT	VERRESI
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @			T be submitt	t ed within Other E	thirty (30) days of the expenses	
*** Per Board Policy 03.125 a Date # Miles	and 03.225: "Out-of	f-District Travel Rein	mbursements MUS		t ed within Other E	thirty (30) days of the	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
*** Per Board Policy 03.125 a	and 03.225: "Out-of Charge @	f-District Travel Rein	mbursements MUS	T be submitt	t ed within Other E	thirty (30) days of the expenses	travel return date.***
Date # Miles	charge @ \$.46	F-District Travel Rein Lodging	Meals	Amour	Other E	thirty (30) days of the expenses	Total
Date # Miles Date # Miles Affidavit: I hereby certify that	charge @ \$.46 \$.46	Lodging Lodging ded in the above st	Meals Meals atement were incusiness; that they	Amour Amour	Other E	thirty (30) days of the expenses Explanation	Total
Date # Miles	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official businesson County Bo	Meals Meals atement were incusiness; that they ard of Education;	Amour Amour	Other E	thirty (30) days of the expenses Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu data furnished here within is to	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official businesson County Bo	Meals Meals atement were incusiness; that they ard of Education;	Amour Amour	Other E	imbursement Due	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official businesson County Bo	Meals Meals atement were incusiness; that they ard of Education; whedge.	Amour Amour	Re Centra	imbursement Due	Total

Employee Name Holly Sammons Date Submittee	1-23-24
School/Work SiteF2S	
Name of Meeting/Conference Spring KDE leadership	nita
Date(s) of Meeting/Conference 3-20-24 Departure Time	Sam Return Time 3pm
Place of Meeting/Conference Cave City	
Rationale for Attendance Job duty	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	city) PPB grant
Estimated Expenses:	*
Registration Loughig Wicars	ubstitute Other Total Est. Expenses 100 per day
100	846
Principal Signature: Grant/Admin:	eley (rakes.
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	
ReasonSuperintendent Signature	Date
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Mode.	Other Expenses
The state of the s	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles \$.46 Lodging Meals Amour	Other Expenses Total Explanation
Date # Miles \$.46 Lodging Meals Amour 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	Other Expenses Total
Date # Miles \$.46 Lodging Meals Amour Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	Other Expenses Total Explanation
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.	Other Expenses It Explanation Reimbursement Due Central Office Use:
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all	Other Expenses It Explanation Reimbursement Due

*		
Amen bloom sloubinings four	OUT-OF-DISTRICT TRAVEL AUTHORIZATI	UN
Employee Name April MeNa	119hfon Date Submitted	
RTC RTC		
Name of Meeting/Conference	irector's Mtg Departure Time 1:00 Return Time 6	00
Details) of Meeting/Conference 4	19-10/24 Departure Time	
do informed de	Molerson Co. BOE	
Rationale for Attendance descrit	ois neeting about summer institute	
Expenses paid by:	O Spec Ed KETS Other (MUST Specify)	
Estimated Expenses:	Airfare Substitute Other Total Est	Expenses
	Weals Mileage Airfare Substitute Other Total Est policy on back* \$0.46 per mile \$100 per day	
Section of the last of the las	180	0
120 4		
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant	Funds
Prior Superintendent Approval:	1/26	124
Approved Not Approved	Superintendent Signature	Date
Reason		
and the first that the first the fir	TRAVEL EXPENSE REIMBURSEMENT REO	UEST
*** Per Board Policy 03.125 and 03.225: "Ou	ut-of-District Travel Reimbursements Moor Business Subar European	otal
Charge @	Lodging Meals Amount Explanation	0.191
Date # Miles 5.46		
Date # Miles \$.46		
Date # Willes \$,46		
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Date # IVIIIes \$.46		
Date # Willes \$.46		
	Delianhuseament Due	
Affidavit: I hereby certify that all expenses in	ncluded in the above statement were incurred by an Reimbursement Due	
Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the	ncluded in the above statement were incurred by an ecapacity of official business; that they are proper the Simpson County Board of Education; and that all	
Affidavit: I hereby certify that all expenses in	ncluded in the above statement were incurred by an ecapacity of official business; that they are proper the Simpson County Board of Education; and that all	
Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the charges qualifying for reimbursement from t data furnished here within is true and correct	ncluded in the above statement were incurred by an ecapacity of official business; that they are proper the Simpson County Board of Education; and that all	
Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the	ncluded in the above statement were incurred by an all the capacity of official business; that they are proper the Simpson County Board of Education; and that all to the best of my knowledge. Central Office Use:	

the second of th	esc.					
	illing Waters	OUT-C	F-DISTRI	CT TRAV	EL AUTHOR	IZATION
alter from the aller the	A source of				1/25/200	u
Employee Name Apri	1 McNau	ighton	Date	Submitted _	123/200	
School/Work Site Name of Meeting/Confere	RTC	~ ~ · · ·	11 1 010	touida	Sinner In	otitute
Name of Meeting/Conferen	ence RTC Ea	xly Chilo	(1000 Star	ure Time <u>/2</u>	:00 Return Tir	me 7:00
natural of Meeting/Confe	rence 0///	-19/dedy	осран			
Place of Meeting/Confere	nce Nya	tt Rege	ncy Des	ungton	Ry	
Rationale for Attendance	particy	saling i	VETS MOther !	MUST Specify		9
Expenses paid by:	BDM PD I	□ Spec Ed □	KETS DO Other (, 41031 Spec)		
Estimated Expenses:			leage Airfa	re Subst	itute Other	Total Est. Expenses
Registration Lodgin	ng Me See policy	AND DESCRIPTION OF PERSONS ASSESSMENT	leage Airfa per mile	\$100 p		
415			_ _		40.00	615. 00
718	100.					
Principal Signature:			Grant/A	dmin:	Required if Expenses are Pa	aid by Grant Funds
Prior Superintendent Appr			4	-9/N		1/2/24
ApprovedNo	ot Approved	Sun	erintendent Sign	ature		Date
Reason		Sup	Jer intendent o.g.		Sand as fall sanit will be	
*** Per Board Policy 03.125 ar	្រំ រត់ ជា <u>ម៉ូទ</u> េសិមា	TR	AVEL EXPE	NSE REI	MBURSEMEN oithin thirty (30) days of th	T REQUEST e travel return date.***
			HIID BISCHIE			
*** Per Board Policy 03.125 ar	nd 03.225: "Out-of			O		Total
Per Board Policy 03.125 ar Date # Miles	nd 03.225: "Out-of Charge @ \$.46	Lodging	Meals	O: Amount	her Expenses Explanation	Total
	Charge @					Total
	Charge @					Total
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	Charge @					Total
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	Charge @				Explanation	Total
	charge @ \$.46 \$lead to be a second of the care of the second of the care of the second of the secon	Lodging ded in the above s pacity of official b	tatement were incursiness; that they a	Amount red by an re proper		Total
Affidavit: I hereby certify that employee of Simpson County	charge @ \$.46 \$lead to be a second of the care of the second of the care of the second of the secon	Lodging ded in the above s pacity of official b	tatement were incursiness; that they a	red by an re proper and that all	Explanation Reimbursement Due	Total

Allien President	the stand discountry in					1 1 70	377
Employee Name Law	ra Willer	- Welsh	Date	Submitted_	/	25 / 20	4
mployee Warre Area	RTC	·		1 . 1	0	1 100	titute.
School/Work Site Name of Meeting/Confe	erence RTC E	oxly Child	Jugger Stal	towide .	<u>unnu</u>	Potum Tim	7:00
the second and Continue Contin	forence (0 / /	1-17/0000				Keturn IIm	e
_	11.1.	H. KODE	NCU. OSL	ungton	Ky		
Place of Meeting/Confe	rence ///ya	to region	Main	stitute	. ()		
Place of Meeting/Confe	e particy	patinge	NO CHE SON	ALIST Specify)		
expenses paid by:	SBDM PD	□ Spec Ed □ H	(E12 M Other fr	AIO31 Speem	,		
stimated Expenses:				suns	titute	Other T	Fotal Est. Expenses
Registration Lodg	ing M		eage Airfa sermile	A. Committee of the Com	pei dav		
			_				575.00
41	5.00 100	000					
Principal Signature:	Mull	KIN	Grant/A	dmin:	Required if E)	xpenses are Paid	by Grant Funds
rior Superintendent Ap	proval:	1	10	10	noqui ou i		1/2/24
✓ Approved	lot Approved		0)8	w			Date
		Sup	erintendent Sign	ature			
		TR	AVEL EXPE	NSE REI	MBUR!	SEMENT	REQUEST
breinal course rec	and 03.225: "Out-o	TR. of-District Travel Rei	AVEL EXPE	NSE REI be submitted v Amount	within thirty (other Expense	SEMENT 30) days of the s lanation	REQUEST travel return date.**
Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
** Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
Trie (that require of the Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
original feature Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
prignal required res	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
original feature Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
** Per Board Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (other Expense	30) days of the	travel return date.
if eight frontite of second Policy 03.125	and 03.225: "Out-o	of-District Travel Rei	mbursements MUST	be submitted v	within thirty (30) days of the	travel return date.
Per Board Policy 03.125 Date # Miles	and 03.225: "Out-o	Lodging	Meals Meals	Amount Amount	within thirty (30) days of the	travel return date.
brie in his coulired its: •••• Per Board Policy 03.125	and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	Lodging Lodging uded in the above st apacity of official by Simpson County Bo	Meals Meals atement were incurusiness; that they a	T be submitted v Amount red by an re proper	within thirty (sement Due	travel return date.
Per Board Policy 03.125 Date # Miles Affidavit: I hereby certify that employee of Simpson Count charges qualifying for reimbed data furnished here within is	and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	Lodging Lodging uded in the above st apacity of official by Simpson County Bo	Meals Meals atement were incurusiness; that they a	red by an re proper and that all	within thirty (pither Expense Expl	sement Due	travel return date.
Per Board Policy 03.125 Date # Miles Affidavit: I hereby certify the employee of Simpson Country	and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	Lodging Lodging uded in the above st apacity of official by Simpson County Bo	Meals Meals Tatement were incurusiness; that they alard of Education; and wiedge.	red by an re proper and that all	Reimbur	sement Due	travel return date.

Section 1	OUT-OF-DISTRIC	TTRAVEL	AUTHORI	ZATION
Alman desily destinated from	///. Date	Submitted	1-25-20	24
Employee Name Melissa France				
School/Work SiteRTC	· arialland State	wide Su	ance Ino	titute
School/Work Site	oxly the Broom State	are Time /2:0	Return Tim	e_7:00
IC-mtoronce (////	1 11/00000			
Place of Meeting/Conference // Rationale for Attendance participal PD	THE CHARLES MESSIE	atitute	4	
Rationale for Attendance partice	pating in the No	NUST Specify)		S\$4)
Expenses paid by.	☐ Spec Ed ☐ KETS ☑ Other (N			
Estimated Expenses:	eals Mileage Airfar	e Substitute		otal Est. Expenses
Registration 2005005	y on back* \$0.45 per mile	Sito0 per dhy		575.00
475.00 100	100			
Principal Signature: Prior Superintendent Approval:	Grant/Ac	dmin:Requir	red if Expenses are Paid	by Grant Funds
Approved Not Approved	18h	<u> </u>		Date
Reason	Superintendent Signa	ture		vate
Reason				
*** Per Board Policy 03.125 and 03.225: "Out-	TRAVEL EXPE	NSE REIMB	SURSEMENT	REQUES!
Charge @	Lodging Meals		xpenses Explanation	Total
Date # Miles \$.46	Louging	Amount	LAPIGNO	- Charles - Char
			=======================================	
	the share statement were incurre	ed by an Rei	imbursement Due	
Affidavit: I hereby certify that all expenses incleemployee of Simpson County Schools in the charges qualifying for reimbursement from the data furnished here within is true and correct to	Simpson County Board of Education; and	e proper d that all Centra	l Office Use:	
	Date	Coding		
Employee Signature	Date	Coding	}	
Employee Signature	Date		pproval	

is the second of	OUT-OF-	DISTRICT TE	RAVEL AUT	HORIZATION
William in which the standing of the	19	h	- l-	25-2024
Employee Name Rachel U	right			
School/Work SiteRTC_ Name of Meeting/Conference R Date(s) of Meeting/Conference	0 1 01:411	ad Statawin	1 Sunner	e Institute
Name of Meeting/Conference R	C Faxly Children	Departure Time	12:00	Return Time 7:00
Date(s) of Meeting/Conference	6/17-19/2029	. Levinat	Por V.	
· · · · · · · · · · · · · · · · · · ·	hatt Kealne		1 (1)	
	PD Spec Ed KETS	010	ecify)	я
Expenses paid by: 🔲 SBDM 🗆	IPD Spec La L KE13	E other (meet sp		
Estimated Expenses:	n Managa	Airfare	Substitute C	Other Total Est. Expenses
Registration Lodging	Meals Mileage so as perm		\$100 per day	
415.00	100.00 -			575.00
	July motor	Grant/Admin:		
Principal Signature:	Stopped of	_ 1 ~	Required if Expe	nses are Paid by Grant Funds
Prior Superintendent Approval: Approved Not Approv	ved	186	V	1/24/24
Reason	Superin	tendent Signature		vate
		1910		TO LECT
*** Per Board Policy 03.125 and 03.225	TRAV	EL EXPENSE	REIMBUKS	MENT REQUEST days of the travel return date.***
*** Per Board Policy 03.125 and 03.225	TO A SECURE AND A SECURE AND ASSESSMENT OF THE PARTY OF T	Whatte	STATE OF THE OWNER, WHEN PARTY AND PARTY AND PARTY.	Total
Date # Miles \$.4	50/5/5/1/5	Amot	int Explai	
		incurred by an	Reimburse	ment Due
Affidavit: I hereby certify that all expensemployee of Simpson County Schools in charges qualifying for reimbursement from the data furnished here within is true and co	- the Simpson County Board	of Education; and that an	Central Office l	Jse:
		Date	Coding	
Employee Signature		2		
		Date	CFO Approval	