Employee Name Catherine P	Pole Date	e Submitted _	02/05/24	5
School/Work Site FSMS				
Name of Meeting/Conference Barren	River FFA Rea	gional	Contest Da	Y
Date(s) of Meeting/Conference March	9, 2024 Depar	ture Time <u>7</u>	30 amReturn Tim	ne 3:00 pm
Place of Meeting/Conference WKV	alasgon Cam	Dus .		
Rationale for Attendance Competing	in Contests	·		
Expenses paid by: SBDM PD Sp	ec Ed DKETS DOther (MUST Specify	FFA	
Estimated Expenses:				
Registration Lodging Meals See policy on ba	Mileage Airfa	\$100	per day	FOTAL EST. Expenses
Principal Signature:	- Grant/A		Required if Expenses are Pai	d by Grant Funds
Reason	Superintendent Sign	nature		Date
Submit this section upon returning. Include an original required receipts and signatures.	I KAVEL EXP	ENSE KEI	MBURSEMENT	REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist	ict Travel Reimbursements MUS odging Meals	0	ther Expenses	travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist			the second secon	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist		0	ther Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist	the above statement were incurrent of official business; that they are no County Board of Education; a	rred by an are proper	ther Expenses	
**** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the board of the second of the	the above statement were incurrent of official business; that they are no County Board of Education; ast of my knowledge.	rred by an are proper nd that all	Reimbursement Due	
*** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.46 # 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	the above statement were incurrent of official business; that they are no County Board of Education; a	rred by an are proper nd that all	Explanation Explanation Reimbursement Due	

	2/2/
Employee Name 5 no Vol Erros Date Submitte	ed <u>3/13/24</u>
School/Work Site F5H5	
Name of Meeting/Conference Region FFA Contest Date(s) of Meeting/Conference 3/19/2 4 Departure Time	2:00
Date(s) of Meeting/Conference 3/14/24 Departure Time	Return Time 3.00
Place of Meeting/Conference WILV Expo	
Rationale for Attendance Student achieve-ent	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	cify)
Estimated Expenses:	
See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses 100 per day / O U
Principal Signature: Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	2/14/24
ReasonSuperintendent Signature	Date
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit Date # Miles Charge @ Lodging Meals Amou	Other Expenses Total
5,40 Amou	Explanation
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	Reimbursement Due
Affidavit: 1 hereby tertify that all expenses included in the above statement	
employee of Simpson County Schools in the capacity of official business; that they are proper	
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.	Central Office Use:
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	Central Office Use:

Employee Name Lori Stevens	Date Submitte	d 2-27.24	
School/Work Site Lincoln	· AND DECISION OF THE PROPERTY	The state of the s	
Name of Meeting/Conference Autism Cad			
Date(s) of Meeting/Conference 3/19/24	Departure Time	7145 am Return Time	e_4:16,-
Place of Meeting/Conference	Technology Way	Bowling Green, 1	cy 42101
Rationale for Attendance School representa	five for cadre		
Expenses paid by:	KETS Other (MUST Spec	cify)	
Estimated Expenses:			
		u <mark>bstitute Other T</mark> LOO per day	otal Est. Expenses
	36 C		30.36
Principal Signature: Della Pas	Grant/Admin	elly to to	1/
Prior Superintendent Approval:	1 200	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	-1860	7	14/24
ReasonSu	perintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	RAVEL EXPENSE R	EIMBURSEMENT	REQUEST
Oliginal Jedan en receipes and signmentes			
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel I		ed within thirty (30) days of the	
Cliffight tedanter receiber and albuman		ed within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	teimbursements MUST be submitt Meals	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel I	Meals Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
*** Per Board Policy 03.125 and 03:225: "Out-of-District Travel Date # Miles Charge @ \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above	Meals Amoun Statement were incurred by an	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
Date # Miles Charge @ Lodging # Miles Charge @ Lodging # Miles S.46 Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	statement were incurred by an business; that they are proper Board of Education; and that all	Other Expenses t Explanation	travel return date.***
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	statement were incurred by an business; that they are proper Board of Education; and that all	Other Expenses t Explanation	travel return date.***
Date # Miles Charge @ Lodging # Miles Charge @ Lodging # Miles S.46 Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	statement were incurred by an business; that they are proper Board of Education; and that all	Other Expenses t Explanation Reimbursement Due	travel return date.***
Date # Miles Charge @ Lodging # Miles Charge @ Lodging # Miles S.46 Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	statement were incurred by an business; that they are proper Board of Education; and that all	Other Expenses t Explanation Reimbursement Due	travel return date.***
Date # Miles Charge @ Lodging S.46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my known and correct to the correct to the best of my k	statement were incurred by an business; that they are proper Board of Education; and that all owledge.	Reimbursement Due Central Office Use:	travel return date.***

Employee Name	Ray	VO BY	yar	rt	Date	Submitte	d_3	-12-24		
School/Work Site	FSH	45	<u> </u>			,				
Name of Meeting/	/Confere	nce Sta	K16	MY	ramen	<u>t </u>	i		7	0.)
Date(s) of Meeting		, 1	_		Depart	ture Time	6,00	Am_Return T	ime <u> </u>	DO pm
Place of Meeting/	Conferer	nce LULI	15tr	on_	1 1 1					
Rationale for Atte					,					
Expenses paid by:	☐ SI	BDM 🗖 PD	☐ Spec E	d 🗆 KI	ETS Dther (I	MUST Spe	cify)			
Estimated Expense	es:									
Registration	Lodgin	g Me See policy		Mile \$0.46 pe			ubstitute 100 per day	Other	Total Es	st. Expenses
Principal Signature Prior Superintende Approved Reason	ent Appr	t Approved		Supe	Grant/A	The	Requir	ed if Expenses are I	Paid by Gra	Date
	AND DESCRIPTION OF THE PARTY OF					T 1-12 1-12	والمخطوفين المحا	thinks (20) days of t	ha travel r	aturn data ***
*** Per Board Policy Date # I	03.125 an Miles	d 03.225: "Out-o Charge @ \$.46	f-District T Lodg	100	nbursements MUS Meals	T be submit Amour	Other Ex		he travel r	eturn date.*** Total
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	NE SE	Charge @		100			Other Ex	xpenses	he travel r	
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	NE SE	Charge @		100			Other Ex	xpenses	he travel r	
Affidavit: I hereby ce	Miles	Charge @ \$.46 \$.16 all expenses inclu	Lodg	above sta	Meals atement were incursiness; that they a	Amour	Other Ex	xpenses		
Date # F	ertify that a	Charge @ \$.46 \$.46 all expenses inclu Schools in the ca	Lodg ded in the pacity of o	above sta	Meals atement were incursiness; that they are of Education; a	Amour	Other Ex	xpenses Explanation		
Affidavit: I hereby ce employee of Simpsor charges qualifying for	ertify that an County Sur reimburs	Charge @ \$.46 \$.46 all expenses inclu Schools in the ca	Lodg ded in the pacity of o	above sta	Meals atement were incursiness; that they are of Education; a	Amour	Other Ex	Explanation Explanation		

Employee Name MILLI MCING	Date Subi	mitted <u>20</u> 30 34	
School/Work Site			79 000
Name of Meeting/Conference <u>EDUCATION</u>	n law & for	ance institute	34900
Date(s) of Meeting/Conference MARCA 2/-	ZZ Departure T	Time 12N (20th) Return Time (of pm -
Place of Meeting/Conference Certal B		legingm, Ki	
Rationale for Attendance Continuers In			
Expenses paid by:	☐ KETS ☐ Other (MUST	「Specify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back* \$	Mileage Airfare 0.46 per mile	Substitute Other Total \$100 per day Harking 32.50	Est. Expenses
Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	Grant/Admin	Required if Expenses are Paid by C	Frant Funds
OliPiugi tedanter teserbis arra albinaria en		E REIMBURSEMENT R	EQUEST
the second secon	J. Dadankarana anta BALICT ha at	throise and within thirty (20) days of the trave	l roturn data ***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave		ubmitted within thirty (30) days of the trave Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-District Trave Date # Miles Charge @ Lodging \$.46	Meals	The second secon	el return date.*** Total
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
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Date # Miles \$.46 Lodging \$.46 Affidavit: I hereby certify that all expenses included in the abo employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County	Meals A We statement were incurred by ial business; that they are proty Board of Education; and tha	Other Expenses mount Explanation y an Reimbursement Due oper t all	

Register Here

March 21-22

Registration includes: Summit sessions, materials

Up to 9 Hours of EILA/Finance Officer Credit or 6 CLE hours

Cost:

Early Bird Member - \$349 Nonmember- \$449

After Early Bird Closes (3/1/24) Member - \$399 Nonmember - \$499

Location:

Central Bank Center, Lexington 430 W Vine St, Lexington, KY 40507 Meeting Rooms 1-8, 2nd Level Enter through the main entrance off of High Street

Parking: Central Bank Center parking lot is located in lot across from Rupp Arena
Cost: \$16 day (requires cashless payment – debit/credit card required).

Employee Name 5 val Evan	Date Submitte	d_1/3/24	
School/Work Site F5 # 5			
Name of Meeting/Conference Regional FFA Date(s) of Meeting/Conference 3/26/24	Co-petitial	\	
		<u> 8:00</u> Return Time	e <u>5:00</u>
Place of Meeting/Conference WILV Expo			
Rationale for Attendance Student Achieve	nent		
Expenses paid by:	☐ Other (MUST Spec	cify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back* \$0.46 per mile Principal Signature:	e \$	ubstitute Other T	otal Est. Expenses
Prior Superintendent Approval:	1 00	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	1-86	2	14/24
ReasonSuperinte	endent Signature		Date
Specifical distributions and the second seco			
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Date # Miles Charge @ Lodging \$.46	Meals Amoun	Other Expenses	travel return date.*** Total
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
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Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above stateme employee of Simpson County Schools in the capacity of official business charges qualifying for reimbursement from the Simpson County Board of	Meals Amoun ent were incurred by an is; that they are proper f Education; and that all	Other Expenses It Explanation Reimbursement Due	

Employee Name <u>Bethanne Pardue</u> Date Subn	sitted 2/12/24
School/Work Site Simpson Flementary	mitted
Name of Meeting/Conference Health Equity Grant Meeting	as 5 + 10
Date(s) of Meeting/Conference March 26 + 27 Departure Ti	ime 6:06 Am Return Time 10:00 am
Place of Meeting/Conference South east South - Central Ed. Co	superitive.
Rationale for Attendance Grant Fulfillment for SES	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST	Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute State Other Total Est. Expenses \$200 — \$578.12
Principal Signature: Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	2/3/24
Reason Superintendent Signature	Date
Obstative of the state of the s	E REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be su	
Date # Miles Charge @ Lodging Meals	bmitted within thirty (30) days of the travel return date.*** Other Expenses Total nount Explanation
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 Charge @ Lodging Meals	Other Expenses Total
Date # Miles \$.46 Lodging Meals An	Other Expenses nount Explanation Total Total Reimbursement Due
Date # Miles \$.46 Lodging Meals An Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are proportionages qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses nount Explanation Total an Reimbursement Due per all
Date # Miles \$.46 Lodging Meals An Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are proposed.	Other Expenses nount Explanation Total an Reimbursement Due
Date # Miles \$.46 Lodging Meals An Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are proportionages qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses nount Explanation Total an Reimbursement Due per all
Date # Miles \$.46 Lodging Meals An Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are proportionages qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses nount Explanation Total an Reimbursement Due per all
Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are proportional expenses qualifying for reimbursement from the Simpson County Board of Education; and that data furnished here within true and correct to the best of my knowledge.	Other Expenses nount Explanation Total an Reimbursement Due per all Central Office Use:

Name of Me Date(s) of Me Place of Me Rationale for Expenses pa Estimated Est	eeting/Conference of Attendance of Attendanc	rence Health rence South health BDM PD Be See police Lear 100	Equity Spec Ed A K sals Mile on back* \$0.46 p	Departurence Couching Departurence Coront ETS Other (Carenile	MUST Spe	Airy 3 3 25 3 Clucad Clucad Colored Substitute \$100 per day	Sessions signmeturn T tional C FC - Veg	GREC ime 3/27 6:09a 20-00 wheel Attendant Total Est. Expenses 242.40
. /	ved No		Supe	erintendent Sign	SL nature	L'equi	eu ii Expenses are r	3/14/24 Date
original	required recei	returning, Includents and signatured 03.225: "Out-of Charge @ \$.46	es. IKA			ted within Other E	thirty (30) days of t	IT REQUEST the travel return date.*** Total
employee of S charges qualify	impson County S ing for reimburs	Schools in the cap ement from the S	led in the above sta pacity of official bus impson County Boa he best of my knowl	siness; that they a rd of Education; ar	re proper nd that all	ручер студуатын ултандагы от от каланалга с	mbursement Du	e
Employee Si	gnature	m		Date		Coding		
Supervisor S	ignature	, c		Date	·	CFO App	proval	

A distribute the first	iladian tilin	001-0	ווווכוטיונ	0	- T	
Employee Name	Carried Mark St. Act. Act.	right	Dat	te Submitted	2 28	2024
Employee Name 1 100	DTC	0			·	
School/Work Site	- N/C	Brecker	rudal	Courte	/	
Name of Meeting/Confe Date(s) of Meeting/Con	forence 3/	26-27/202	24 Depai	rture Time	200 Return T	ime <u>4:00</u>
		•	· almi)	flower.	taru	
Place of Meeting/Confe			Eli) of	servat	ion	
Rationale for Attendance	e	<u>Much</u>	(SU) CC			
Expenses paid by:	SBDM PD	□ Spec Ed □	KEIS LE Other			
Estimated Expenses:	resched	uled fr	leage Airfo	5 <i>-26/24)</i> are Substit	tute Other	Total Est. Expenses
Registration Log	ging IV See poli	ev on back \$0.46	leage Airte permile	\$100 per		210.00
150	00 60	, 00				210.
		M & M	Grant/	Admin:		
Principal Signature: Prior Superintendent Ap	proval:	17900	1	-00 Re	quired if Expenses are P	aid by Grant Funds
Approved		U		Shr_		2 28 24
Reason		Sup	erintendent Sigr	nature		Date
		71 VI - 2 - 1				
		45/20/18/674				
nulkius) tsaliitesi tee		TR	AVEL EXPI	ENSE REIN	1BURSEMEN	T REQUEST ne travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-	of-District Travel Rei	imbursements MUS	T be submitted wit	ABURSEMEN hin thirty (30) days of the Expenses	ne travel return date.***
		TR of-District Travel Rei	AVEL EXPI	T be submitted wit	hin thirty (30) days of the er Expenses	TREQUEST ne travel return date.*** Total
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*** Per Board Policy 03.125	olpus and signatul and 03.225: "Out-o	of-District Travel Rei	imbursements MUS	T be submitted wit	hin thirty (30) days of the er Expenses	ne travel return date.***
*** Per Board Policy 03.125	olpus and signatul and 03.225: "Out-o	of-District Travel Rei	imbursements MUS	T be submitted wit	hin thirty (30) days of the er Expenses	ne travel return date.***
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*** Per Board Policy 03.125	olpus and signatul and 03.225: "Out-o	of-District Travel Rei	imbursements MUS	T be submitted wit	hin thirty (30) days of the er Expenses	ne travel return date.***
*** Per Board Policy 03.125	olpus and signatul and 03.225: "Out-o	of-District Travel Rei	imbursements MUS	T be submitted wit	hin thirty (30) days of the er Expenses	ne travel return date.***
*** Per Board Policy 03.125 Date # Miles	chis and agnati and 03.225: "Out-o Charge @ \$.46	Lodging Lodging	Meals Meals	Amount Tred by an	hin thirty (30) days of the er Expenses	Total
*** Per Board Policy 03.125 Date # Miles Affidavit: I hereby certify tha	chis and figural and 03.225: "Out-o Charge @ \$.46	Lodging Lodging ded in the above st	Meals Meals atement were incursiness: that they a	Amount Tred by an are proper	hin thirty (30) days of the er Expenses Explanation	Total
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*** Per Board Policy 03.125 Date # Miles Affidavit: I hereby certify tha employee of Simpson Count	charge @ \$.46 t all expenses incluy Schools in the company from the	Lodging Lodging ded in the above stapacity of official besigned in the stapacity of official besigned.	atement were incursiness; that they a	Amount Amount rred by an are proper and that all	hin thirty (30) days of the Expenses Explanation Reimbursement Due	Total
Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbudata furnished here within is	charge @ \$.46 t all expenses incluy Schools in the company from the	Lodging Lodging ded in the above stapacity of official besigned in the stapacity of official besigned.	atement were incursiness; that they ard of Education; ard viedge.	Amount Amount Tred by an are proper and that all Cent	hin thirty (30) days of the Expenses Explanation Reimbursement Due	Total

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Employee Name Loura Mul	Ur. Welsh	_Date Submitted	2/28/2024
211		1 4	
Name of Meeting/Conference	eclinridge El	enertary	4'00
Date(s) of Meeting/Conference $\frac{3/20}{2}$	0-27/2024 D	eparture Time	Return Time 4:00
Λ	rington Ele	nextary	
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Employee Name Michele MC	lhecsonDat	e Submitted	02	32/30	24
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Name of Meeting/Conference BL5	1 -	Cou	(Se_		14100
Date(s) of Meeting/Conference 3	124Depai	ture Time _	7:00 Am	_Return Time	4:30 pm
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Employee Name Amie Ch	9 noy Date Submitted 3/5/34	
School/Work Site	.13	
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Submit this section upon returning. Include	TRAVEL EXPENSE REIMBURSEMENT REQUES	1
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Egilomit übi əriginəl	(gentled) tech hegulined rece	neverning Inclu ipus and signatur	de kiny TR	AVEL EXP	ENSE REII	MBURSEMEN	T REQUEST e travel return date.***
Figure 11 to 12 to	regulared rece Policy 03.125 a	and 03.225: "Out-o	of-District Travel Re	mbursements MUS	T be submitted w	ithin thirty (30) days of th her Expenses	T REQUEST e travel return date.***
*** Per Board	regulared receiption 125 a	neturning Tradu fors and Signatur and 03.225: "Out-o Charge @ \$.46	TR ref: TR f-District Travel Rei	AVEL EXP	T be submitted w	ithin thirty (30) days of th her Expenses	e travel return date.***
*** Per Board	Policy 03.125 a	and 03.225: "Out-o	of-District Travel Re	mbursements MUS	ot be submitted w	ithin thirty (30) days of th her Expenses	e travel return date.***
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*** Per Board Date	# Miles	charge @ \$.46	f-District Travel Rei	Meals	Ot Amount	ithin thirty (30) days of th her Expenses	Total
*** Per Board Date Affidavit: I her employee of S	# Miles teby certify that simpson County	charge @ \$.46 sall expenses included Schools in the company from the	of-District Travel Re	Meals Meals tatement were incursiness; that they hard of Education; a	Amount Arred by an are proper and that all	ithin thirty (30) days of the her Expenses Explanation	Total
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Affidavit: I her employee of Scharges qualify data furnished	# Miles # Miles reby certify that Simpson County ying for reimbur I here within is the simple of t	charge @ \$.46 sall expenses included Schools in the company from the	Lodging Lodging ded in the above stapacity of official b	Meals Meals Attement were incursiness; that they hard of Education; a wledge. 2/6/	Amount Ot Amount arred by an are proper and that all Ce	Reimbursement Due	Total