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

| Employee Name Robin Clark   | Date Submitted 3/4  |
|---|---|
| School/Work Site CO   |   |
| Name of Mosting/Conference Society  | 2024 KASBO  |
| Date(s) of Meeting/Conference May 8-  | -19 2024 Departure Time 7.50am Return Time 4.00pm   |
| Place of Meeting/Conference   | Maza, Lavisuille, KY  |
| Rationale for Attendance 11   | 20 20 20 20 20 20 20 20 20 20 20 20 20 2  |
| Expenses paid by: 🗆 SBDM 🗆 PD 🗆 Sp  | pec Ed KETS Other (MUST Specify) 011080 0338/0580   |
| Estimated Expenses:   |   |
| Registration Lodging Meals See policy on ba  370.30 80  Principal Signature: Prior Superintendent Approval: Approved Not Approved                                 | Mileage Airfare Substitute Other Total Est. Expenses \$1,000,30  Grant/Admin:  Required if Expenses are Paid by Grant Funds   |
| Reason  | Superintendent Signature V Date   |
|   | trict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses   |
| Date # Miles Charge @ \$.46   | Lodging Meals Amount Explanation Total  |
|   | Lodging Meals Amount Explanation Total  In the above statement were incurred by an any of official business; that they are proper son County Board of Education; and that all |
| Affidavit: I hereby certify that all expenses included it employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson | Lodging Meals Amount Explanation Total  In the above statement were incurred by an any of official business; that they are proper son County Board of Education; and that all |

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

| Employee Name Lin McAbel   | Date Submitted 3/11/24  |
|--|---|
| School/Work Site CO  |   |
| Name of Mosting/Conference Soling 10   | 94 KASBO  |
| Date(s) of Meeting/Conference May 8-192  | Departure Time 7:30 am Return Time 4:00pm   |
| Place of Meeting/Conference Crashe Pazi  | a, Louisulle, Ky  |
| Rationale for Attendance PD  | 200 200 200 200 200 200 200 200 200 200   |
| Expenses paid by:  | □ KETS □ Other (MUST Specify) 601080 0338 0580  |
| Estimated Expenses:  |   |
| 550 - 37030 80 - Principal Signature:  | Mileage So.46 per mile Substitute St. Expenses So.46 per mile St. Expenses So.46 per mile St. Expenses St. Expenses So.46 per mile St. Expenses St. |
| Prior Superintendent Approval:  Approved Not Approved  | 1-91  |
| Reason Not Approved  | Superintendent Signature Date   |
|  |   |
| Submit this section upon returning. Include any original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travelle Date # Miles Charge @ Lodging \$.46  | TRAVEL EXPENSE REIMBURSEMENT REQUEST vel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Amount Explanation  |
| CONTRACTOR SERVICE   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | Reimbursement Due   |
| Affidavit: I hereby certify that all expenses included in the ab<br>employee of Simpson County Schools in the capacity of off<br>charges qualifying for reimbursement from the Simpson Cou-<br>data furnished here within is true and correct to the best of m | ficial business; that they are proper<br>inty Board of Education; and that all  |
| employee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of m   | ficial business; that they are proper unty Board of Education; and that all by knowledge.  Central Office Use:  |
| employee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County   | ficial business; that they are proper<br>inty Board of Education; and that all  |

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

| Employee Name Amanda Spears  | Date Submitted 3 11 24  |
|--|---|
| School/Work Site   |   |
| N Chiantina/Conference Spains  | DOY KASRO   |
| Date(s) of Meeting/Conference May 8  | 10 2624 Departure Time 1.30 am Return Time 4.00 pm  |
| Place of Meeting/Conference  | laza, Covisuille, Ky  |
| Rationale for Attendance D   | 201125 1725 175 175 175 175 175 175 175 175 175 17  |
| Expenses paid by:  | ec Ed I KETS I Other (MUST Specify) OOII080 0338/0580   |
| Estimated Expenses:  |   |
| Registration Lodging Meals See policy on back  550 370.30 80   | Mileage Airfare Substitute Other Total Est. Expenses \$100 per day  Van  Grant/Admin.  Mileage Airfare Substitute Other Total Est. Expenses                                     |
| Principal Signature:Prior Superintendent Approval:   | Required if Expenses are Paid by Grant Funds  |
| Approved Not Approved  | 3/12/24   |
| Reason   | Superintendent Signature  |
| original required receipts and signatures.   | TRAVEL EXPENSE REIMBURSEMENT REQUEST  |
| Charge @   | rict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Lodging Meals Amount Explanation                              |
| Date # Miles Charge @  | Other Expenses Total  |
| Date # Miles Charge @  | Other Expenses Total  |
| Date # Miles Charge @  | Amount Explanation  Total  Amount Explanation  Total  Total  Total  Reimbursement Due  y of official business; that they are proper son County Board of Education; and that all |
| Date # Miles \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simps | Amount Explanation  Total  Amount Explanation  Total  Total  Total  Reimbursement Due  y of official business; that they are proper son County Board of Education; and that all |

|   | (W) (W) (W)                             | . /) /                            |                                   |                                    | 2/28/20   | 211                            |
|---|---|-----------------------------------|-----------------------------------|------------------------------------|---|--------------------------------|
| Employee Name   | chel L                                  | Jught                             | Date                              | Submitted                          | ajgojao   | 19                             |
| School/Work Site  | BTC                                     | V (0000                           |                                   |                                    |   |                                |
| Name of Meeting/Confer  | rence                                   | KYCCBD                            | Dannet                            | ure Time <u>3</u> %                | O Return Tir  | ne 6:00                        |
| Date(s) of Meeting/Confe  | erence                                  | 3-18/2024                         | /Depart                           | Jule Time O                        | uin a to  | 1 )                            |
| Place of Meeting/Conference   | ence                                    | jatt &                            | egenc                             | y pres                             | - L   | <u> </u>                       |
| Rationale for Attendance  | 1                                       | 1 43cha                           | il CON                            | MALI                               | MILL  | *                              |
|   | SBDM PD                                 | ☐ Spec Ed ☐ KE                    | TS Other (I                       | MUST Specify)                      |   |                                |
| Estimated Expenses:   |   |                                   |                                   | 3.16.00                            | te Other  | Total Est. Expenses            |
| Registration Lodge  | See polici                              | eals Milea yon back* \$0.46 per   | mile                              | \$100 per d                        |   | 1334.00                        |
| Principal Signature:  Prior Superintendent App                            | proval:                                 | MAN                               | Grant/A                           | dmin:Req                           | uired if Expenses are Pa  | id by Grant Funds              |
| ApprovedN   |   |                                   |                                   | SM                                 |   | Date                           |
| Reason  |   | Super                             | intendent Sign                    | ature                              |   |                                |
| BURNELL MONTHS AND                    |   | ALCOHOL TO A                      |                                   |                                    |   |                                |
| original resulted fore- *** Per Board Policy 03.125 a  Date # Miles       | ond 03.225: "Out-o<br>Charge @<br>\$.46 | f-District Travel Reimb           | Oursements MUST                   | be submitted withing Other Amount  | BURSEMEN<br>in thirty (30) days of the<br>Expenses<br>Explanation | e travel return date.*** Total |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a   | and 03.225: "Out-o                      | f-District Travel Reimb           | oursements MUST                   | be submitted withi                 | Expenses  | e travel return date.***       |
| *** Per Board Policy 03.125 a  Date # Miles                               | charge @ \$.46                          | f-District Travel Reimble Lodging | Mieals  Meals                     | The submitted withing Other Amount | Expenses  | Total                          |
| *** Per Board Policy 03.125 a   | Charge @ \$.46                          | ded in the above state            | ement were incurness; that they a | red by an re proper and that all   | eimbursement Due  | Total                          |
| Date # Miles  Affidavit: I hereby certify that employee of Simpson County | Charge @ \$.46                          | ded in the above state            | ement were incurness; that they a | red by an re proper                | eimbursement Due  | Total                          |

| g 2 2 4 4   |   |   | INTY SCHOOL   |                                |
|---|---|---|---|--------------------------------|
| The signal of the state of the | OUT-OF  | -DISTRICT TRA   | <b>AVEL AUTHORI</b>   | ZATION                         |
| A distributed a financial   |   |   |   |                                |
| Employee Name   | ra Miller-Welsh   | Date Submitted  | a 28 20   | 49                             |
| a 1 - 1/14/ark Sito   | RTC   |   |   | ,                              |
| Name of Meeting/Conference  | KYCCBD  | / Descriptions Time   | 3:00 Return Tim   | e 6:00                         |
| Date(s) of Meeting/Conference   | e   |   | cio-toro  |                                |
| Place of Meeting/Conference   | Hyatt Reg   |   | 7   |                                |
| Rationale for Attendance  | Behave  | or Instit   |   |                                |
| Expenses paid by: SBDN  | 1 □ PD □ Spec Ed □ KET  | S Other (MUST Spec  | ity)  |                                |
| Estimated Expenses:   |   | 9   | bstitute Other T  | otal Est, Expenses             |
| Registration Lodging  | Meals Mileas<br>See policy on back 50.46 per  |   | bstitute Other I<br>00 per day  |                                |
| 300.00 834.00   | 200.00 -  |   | _   | 1334.00                        |
|   | 150 Moran -   | Grant/Admin:  |   |                                |
| Principal Signature:  Prior Superintendent Approval   | DUNI MANOR  | 1 -6  | Required if Expenses are Paid   | by Grant Funds                 |
| Approved Not Ap   | 177   | 18  | 人   | 2 28/24                        |
| Reason  | Superii   | ntendent Signature  |   | ' Date                         |
|   |   |   |   |                                |
| The man the state of the state | TRAN  | VEL EXPENSE RE  | IMBURSEMENT   | REQUEST                        |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimbo   | ursements MUST be submitted   | d within thirty (30) days of the t<br>Other Expenses                              | REQUEST travel return date.*** |
| *** Per Board Policy 03.125 and 03.   | TRAV  225: "Out-of-District Travel Reimbor  arge @ Lodging  \$.46   | VEL EXPENSE RE  | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| *** Per Board Policy 03.125 and 03.   | 225: "Out-of-District Travel Reimboarge @ Lodging   | ursements MUST be submitted   | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| •••• Per Board Policy 03.125 and 03.  Date # Miles Ch   | 225: "Out-of-District Travel Reimboarge @ Lodging \$.46   | Meals Amount  | d within thirty (30) days of the to<br>Other Expenses                             | travel return date.***         |
| Per Board Policy 03.125 and 03.  Date # Miles Ch  | 225: "Out-of-District Travel Reimble arge @ Lodging \$.46 Lodging benses included in the above stater   | ment were incurred by an ess: that they are proper                                | d within thirty (30) days of the too  | travel return date.***         |
| Per Board Policy 03.125 and 03.  Date # Miles Ch  Affidavit: I hereby certify that all expemployee of Simpson County School   | 225: "Out-of-District Travel Reimble arge @ Lodging \$.46 Lodging state are seen to the capacity of official busing the capacity of county Board to the capacity of cap | ment were incurred by an ess; that they are proper of Education; and that all     | d within thirty (30) days of the too  | travel return date.***         |
| Per Board Policy 03.125 and 03.  Date # Miles Ch  | 225: "Out-of-District Travel Reimble arge @ Lodging \$.46 Lodging state are seen to the capacity of official busing the capacity of county Board to the capacity of cap | ment were incurred by an ess; that they are proper of Education; and that all     | d within thirty (30) days of the to Other Expenses Explanation  Reimbursement Due | travel return date.***         |
| Per Board Policy 03.125 and 03.  Date # Miles Ch  Affidavit: I hereby certify that all expemployee of Simpson County School charges qualifying for reimbursement data furnished here within is true and   | 225: "Out-of-District Travel Reimble arge @ Lodging \$.46 Lodging state are seen to the capacity of official busing the capacity of county Board to the capacity of cap | ment were incurred by an ess; that they are proper of Education; and that all ge. | d within thirty (30) days of the to Other Expenses Explanation  Reimbursement Due | travel return date.***         |
| Per Board Policy 03.125 and 03.  Date # Miles Ch  Affidavit: I hereby certify that all expemployee of Simpson County School   | 225: "Out-of-District Travel Reimble arge @ Lodging \$.46 Lodging state are seen to the capacity of official busing the capacity of county Board to the capacity of cap | ment were incurred by an ess; that they are proper of Education; and that all ge. | Reimbursement Due   | travel return date.***         |

| 7.4  |   |  |  | <b>IMPSON</b>   |  |                      |  |                                   |
|--|---|--|--|---|--|----------------------|--|-----------------------------------|
| Frequency 1  | and the second  | A Light Acts                             | OUT-C  | F-DISTRI  | CT TR  | AVEL                 | <b>AUTHOR</b>  | RIZATION                          |
| dertien der  | in a fibrical   | Ting House                               |  |   |  |                      | 17   |                                   |
| Employee Nam   | ne Apr  | il MaNo                                  | <u>uighton</u>   | Dat   | te Submitte  | d                    | 2/38/31  | 044                               |
| School/Work S  | Site  | RIC                                      | J  |   |  |                      |  |                                   |
| Name of Meet   | ing/Confe   | rence                                    | KYCCBD   | -11   | rture Time   | 3:0                  | O Return T   | ime_6:00                          |
| Date(s) of Mee   | eting/Confe   | erence                                   | 3-18 ao  | 2 Depar   | rture Time .   | 0                    |  |                                   |
| Place of Meetin  | ng/Confer   | ence                                     | lyatt 9  | segunce   | 1.0  |                      | ington   |                                   |
| Rationale for A  | ttendance   |  | Behavie  |   | rstil  |                      |  | 2                                 |
| Expenses paid  |   | SBDM □ PD                                | ☐ Spec Ed ☐  | KETS Other  | (MUST Spec   | city)                |  |                                   |
| Estimated Expe   | enses:  |  |  |   |  | ubstitute            | Other  | Total Est. Expense                |
| Registration   | Lodg  |  | 1-3-3-10-4 Commission of the C | leage Airfa<br>permile  | A STATE OF THE PARTY OF THE PAR | 100 per day          |  |                                   |
| 300.00   | 834   | 100 200                                  | 0.00 -   | _   _   |  | _                    | 250.00   | 1584.00                           |
| Principal Signat   | ture:   |  |  | Grant//   | Admin:   |                      | red if Expenses are P  | aid by Grant Funds                |
| Prior Superinte  |   | roval:                                   |  | 1   | 80   | Requii               | red it Expenses are r  | all by Grant rulls                |
|  |   | ot Approved                              |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | W  |                      |  | Date                              |
| Reason   |   |  | Sup  | erintendent Sigr  | nature   |                      |  |                                   |
|  |   |  |  |   |  |                      |  |                                   |
|  |   | entimientes<br>Instruction               | TR   | AVEL EXPI   | ENSE R   | EIMB                 | URSEMEN  | T REQUEST ne travel return date.* |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o                       | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | Total                             |
| *** Per Board Po   |   |  | TR of-District Travel Rei  | AVEL EXPI   | T be submitte  | ed within            | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | licy 03.125 a   | ind 03.225: "Out-o<br>Charge @           | of-District Travel Re  | imbursements MUS  | T be submitte  | Other E              | thirty (30) days of th<br>xpenses                            | ne travel return date.*           |
| *** Per Board Po   | # Miles   | this and Agnicular of the Charge @ \$,46 | Lodging  Lodging   | Meals  Weals  | Amoun  | ed within<br>Other E | thirty (30) days of th<br>xpenses                            | Total                             |
| *** Per Board Pol  | # Miles  certify that pson County                               | charge @ \$.46                           | Lodging  Lodging  ded in the above stapacity of official besides to be standard t | Meals  Weals  Attement were incur usiness; that they a                                | Amount Am | ed within Other E    | thirty (30) days of the expenses  Explanation                | Total                             |
| *** Per Board Pol  | # Miles  certify that pson County                               | charge @ \$.46                           | Lodging  Lodging  ded in the above st  | Meals  Weals  Attement were incur usiness; that they a                                | Amount Am | ed within Other E    | thirty (30) days of the expenses Explanation  mbursement Due | Total                             |
| *** Per Board Po  Date  Affidavit: I hereby employee of Simp charges qualifying data furnished her | # Miles  # certify that pson County for reimbur re within is tr | charge @ \$.46                           | Lodging  Lodging  ded in the above stapacity of official besides to be standard t | Meals  Weals  Attement were incur usiness; that they a                                | Amount Am | ed within Other E    | thirty (30) days of the expenses Explanation  mbursement Due | Total                             |
| *** Per Board Pol  | # Miles  # certify that pson County for reimbur re within is tr | charge @ \$.46                           | Lodging  Lodging  ded in the above stapacity of official besides to be standard t | imbursements MUS  Weals  atement were incur usiness; that they a ard of Education; an | Amount Am | Rei                  | thirty (30) days of the expenses Explanation  mbursement Due | Total                             |

| La dimensiber banearing of this  | 001-0F-0131  | INICITION  | ,                        |                        |
|--|--|--|--|------------------------|
| Employee Name Laura M  | rielex Welch   | _Date Submitted _  | 2/28/2   | 1024                   |
| School/Work SiteRTC  | 144000   |  |  |                        |
|  |  | levence  |  |                        |
| Name of Meeting/Comment  | 1/18-20/2024   | eparture Time  | 8:00_Return Tir  | ne <u>6:00</u>         |
| Date(s) of Micernia, comme   | Ashland P. Conf  | Oboa Ao  |  |                        |
| Place of Meeting/Conference  | , ,  | conser   | 1 21 00  |                        |
| Rationale for Attendance   | present e  |  |  | N                      |
| unparted (   | ☐ Spec Ed ☐ KETS ☑ Ot  | Hel (Most speen)   |  |                        |
| Estimated Expenses:  | 39   | Airfare Subs   | titute Other   | Total Est. Expenses    |
|  | Meals Mileage<br>olivy on back* \$0.45 per mile  | LETTER STREET, | oer day  |                        |
| 0 -16  | 00.00  |  |  | 100.00                 |
| A A P  | AM OCA   | ant/Admin:   |  |                        |
| Principal Signature:   | A TONY TO  | 0.0  | Required if Expenses are Pa                                    | id by Grant Funds      |
| Prior Superintendent Approval:  Approved Not Approved.   |  | She  |  | 2/28/24                |
| Reason   | Superintendent   | Signature  |  | Date                   |
| Neason   |  |  |  |                        |
| The American State of the Committee of t | professional and the second  |  | ADLIDCENAENE   | T DEALIEST             |
| anger on service of the service of the contract of the contrac | TRAVEL E   | XPENSE REI   | MBURSEMEN <sup>T</sup><br>Within thirty (30) days of the       | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles \$.46  | it-of-District Travel Reimbursements   | MUST be submitted v  | rithin thirty (30) days of the                                 | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou Charge @   | t-of-District Travel Reimbursements  | MUST be submitted v  | rithin thirty (30) days of the<br>ther Expenses<br>Explanation | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles \$.46  | Lodging Meals  Lodging Meals   | Amount incurred by an  | rithin thirty (30) days of the<br>ther Expenses                | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles \$.46  Affidavit: I hereby certify that all expenses in  | Lodging Meals  Lodging Meals  Cluded in the above statement were   | Amount  Amount  incurred by an hey are proper  | rithin thirty (30) days of the<br>ther Expenses<br>Explanation | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the   | Lodging Meals  Lodging Meals  cluded in the above statement were capacity of official business; that the Simpson County Board of Educati | Amount  incurred by an hey are proper on; and that all   | rithin thirty (30) days of the<br>ther Expenses<br>Explanation | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles \$.46  Affidavit: I hereby certify that all expenses in  | Lodging Meals  Lodging Meals  cluded in the above statement were capacity of official business; that the Simpson County Board of Educati | incurred by an hey are proper on; and that all   | Reimbursement Due  | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the charges qualifying for reimbursement from the data furnished here within is true and correct  | Lodging Meals  Lodging Meals  cluded in the above statement were capacity of official business; that the Simpson County Board of Educati | incurred by an hey are proper on; and that all   | Reimbursement Due  | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Ou  Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses in employee of Simpson County Schools in the   | cluded in the above statement were capacity of official business; that the Simpson County Board of Educatito the best of my knowledge.   | incurred by an hey are proper on; and that all   | Reimbursement Due  | travel return date.*** |

| Albert Merch Albert  | ation faith.  | 001-0  |   |                               | LLAUTTOI  |   |
|--|---|--|---|-------------------------------|---|---|
| Employee Name Apr  | il Mul  | Vaughtor   | )Date   | Submitted                     | 2/28/21   | 524                                       |
| School/Work Site   | RTC   | 0  |   |                               |   |   |
| Name of Meeting/Confer   | Λ   | shland   | RTC C   | orfere                        | rce   |   |
| Date(s) of Meeting/Confe   |   | 18-20 a  | UDepart   | ure time $\underline{-8}$     | :00 Return Ti   | me <u>6:00</u>                            |
|  |   | 01111  | Conference  | e                             |   |   |
| Place of Meeting/Confere   |   | prese  | 70.   | nferenc                       | C   |   |
| Rationale for Attendance   |   |  | (ETS Other (N   |                               |   |   |
| Expenses paid by:  | SBDM □ PD   | □ Spec Ed □ i  | (E12 PROTIET (F   | ,                             |   |   |
| Estimated Expenses:  |   | 70   | eage Airfai   | e Substit                     | tute Other  | Total Est. Expenses                       |
| Registration Lodgi   |   | ALL DESCRIPTION OF THE PARTY OF | eage Airfai<br>per mile   | \$100 per                     | COLUMN TO THE REAL PROPERTY OF THE PARTY OF |   |
|  |   | 0.00 _   | _   | .   _                         | 100.00  | 200.00                                    |
|  | 100   | ,,,,,  |   |                               |   |   |
| Principal Signature:   |   |  | Grant/A   | dmin:Re                       | quired if Expenses are Pa   | aid by Grant Funds                        |
| Prior Superintendent App   |   |  |   | Al                            |   | 2/28/24                                   |
| ApprovedNo   | ot Approved   |  |   | 8 2                           |   | Date                                      |
| Reason   |   | Sup  | erintendent Signa   | ature                         |   |   |
|  |   | BOTH TO AND THE PERSON NAMED IN  |   |                               | ABLIBOOKACAL  | TOFOLICI                                  |
| *** Per Board Policy 03.125 ar   | એક સાને ત્રીકારના !!<br>nd 03.225: "Out-ol                | TR   | AVEL EXPE   | be submitted wit              | 1BURSEMEN  hin thirty (30) days of the expenses   | e travel return date.***                  |
|  |   | TRA  F-District Travel Rein  Lodging   | AVEL EXPE   | be submitted wit              | hin thirty (30) days of th  | T REQUEST e travel return date.***  Total |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar   | obs and Higherton<br>ad 03.225: "Out-of<br>Charge @       | f-District Travel Rei  | mbursements MUST  | be submitted with             | hin thirty (30) days of the<br>er Expenses  | e travel return date.***                  |
| *** Per Board Policy 03.125 ar  Date # Miles   | ots and digitality and 03.225: "Out-ol Charge @ \$.46     | F-District Travel Rei  | tVleals   | Desubmitted with Other Amount | hin thirty (30) days of the<br>er Expenses<br>Explanation   | e travel return date.***  Total           |
| *** Per Board Policy 03.125 ar   | charge @ \$.46  Schools in the capement from the Schools. | Lodging  Lodging  ded in the above stapacity of official busingson County Board  | Meals  Weals  atement were incurrences; that they are ard of Education; and   | ed by an e proper d that all  | hin thirty (30) days of the<br>er Expenses  | e travel return date.***  Total           |
| Per Board Policy 03.125 are  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs data furnished here within is true. | charge @ \$.46  Schools in the capement from the Schools. | Lodging  Lodging  ded in the above stapacity of official busingson County Board  | Meals  Weals  atement were incurrences; that they are ard of Education; and   | ed by an e proper d that all  | hin thirty (30) days of the Expenses Explanation  Reimbursement Due   | e travel return date.***  Total           |
| Pare # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County  | charge @ \$.46  Schools in the capement from the Schools. | Lodging  Lodging  ded in the above stapacity of official busingson County Board  | Meals  Weals  Stement were incurred in the stement were incurred in the stement was and of Education; | ed by an e proper d that all  | hin thirty (30) days of the Expenses Explanation  Reimbursement Due   | e travel return date.***  Total           |

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|   | Do   | ahal 1  | 11 det   | Dat   | e Submitted _                                      | 2/28/2  | 024                              |
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| School/Wor  |  | BIC   | Aghland  | orke  | rende  |   |                                  |
| Name of Me  | eeting/Confer  | ence  | 8.20/20  |   | ture Time  | <i>B:0</i> のReturn T                                | ime <u>6.00</u>                  |
|   |  | /   | 18.20/200  | d RTC   | confe  | rence   |                                  |
|   | eting/Confere  |   |  | 2.  | 0  |   |                                  |
| Rationale fo  | r Attendance   | <u> </u>  | recer  |   | onfer  |   | (%)                              |
| Expenses pa   |  | SBDM DPD  | ☐ Spec Ed ☐  | KETS Other (  | MUST Specify                                       |   |                                  |
| Estimated E   |  |   |  |   | 1  | titute Other  | Total Est. Expenses              |
| Registration  |  |   | And the second s | ileage Airfa<br>6 per mile                                      |  | titute Other<br>per day                             | TOTAL ESTITIATION                |
| and the second second                                       |  |   | This is the same of the same o |   |  |   | 100.00                           |
|   |  | 100   | 0.00   |   |  |   | -                                |
| Principal Sig   | nature:  | UKAB  | 1100M  | Grant//   | Admin:   | Required if Expenses are I                          | Paid by Grant Funds              |
| Prior Superi  | ntendent App   | rovel:  |  | 1_0   | 10   | nequired in Experience                              | 2/20/24                          |
|   | vedNo  |   | _  | 8   | m  |   | bate                             |
| Reason  |  |   | Su   | perintendent Sigr   | nature<br>   |   |                                  |
|   |  |   |  |   |  |   |                                  |
|   | SACROMODITY NEWSCO   | YESTER BUILTINGS  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |   | ENICE DEL  | ADDIDCERSEN   | IT RECUEST                       |
|   |  | ret original<br>has and signad                                  | lat int )<br>(E)   | RAVEL EXP   | ENSE REI   | MBURSEMEN   | IT REQUEST                       |
| *** Per Board   | Policy 03.125 a  | nd 03.225: "Out-  | TF<br>of-District Travel R   | RAVEL EXPI  | T be submitted w                                   | MBURSEMEN within thirty (30) days of the Expenses   | he travel return date.***        |
| *** Per Board   | frequired free<br>A Policy 03.125 a  | nd 03.225: "Out-o   | of-District Travel R   | RAVEL EXPI  | T be submitted w                                   | rithin thirty (30) days of t                        | Total                            |
| *** Per Board   | Policy 03.125 a  | nd 03.225: "Out-  | of-District Travel R   | eimbursements MUS   | T be submitted w                                   | rithin thirty (30) days of t<br>ther Expenses       | he travel return date.***        |
| *** Per Board   | Policy 03.125 a  | nd 03.225: "Out-o   | of-District Travel R   | eimbursements MUS   | T be submitted w                                   | rithin thirty (30) days of t<br>ther Expenses       | he travel return date.***        |
| *** Per Board   | Policy 03.125 a  | nd 03.225: "Out-o   | of-District Travel R   | eimbursements MUS   | T be submitted w                                   | rithin thirty (30) days of t<br>ther Expenses       | he travel return date.***        |
| *** Per Board   | Policy 03.125 a  | nd 03.225: "Out-o   | of-District Travel R   | eimbursements MUS   | T be submitted w                                   | rithin thirty (30) days of t<br>ther Expenses       | he travel return date.***        |
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