| Employee Name KAWO BYVAY | TDate Submitted 3-12-24 |
|--|--|
| School/Work Site FSHS | |
| Name of Meeting/Conference SAGK TO | urnament |
| Date(s) of Meeting/Conference MM 20 | Departure Time 6.00 am Return Time 6.00 pm |
| Place of Meeting/Conference LUINSTE | on ' |
| Rationale for Attendance SAALE TOU | rnament |
| Expenses paid by: | KETS Other (MUST Specify) 1. WILACAT BUREL BAL |
| Estimated Expenses: | |
| Registration Lodging Meals See policy on back* 448.00 160.00 | Mileage Airfare Substitute Other Total Est. Expenses \$1.00 per day 82 で、いつ |
| Principal Signature: Prior Superintendent Approval: | Grant/Admin: Required if Expenses are Paid by Grant Funds |
| Approved Not Approved | 3/14/24 |
| Reason | Superintendent Signature Date |
| Submit this section upon returning. Include any | TRAVEL EXPENSE REIMBURSEMENT REQUEST |
| original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ Lodg \$.46 | avel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District T | avel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg | ng Meals Other Explanation Other Explanation Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District T | Amount Explanation Total Meals Amount Explanation Above statement were incurred by an afficial business; that they are proper unty Board of Education; and that all my knowledge. Reimbursement Use: Reimbursement Due Central Office Use: |
| Per Board Policy 03.125 and 03.225: "Out-of-District T Date # Miles Charge @ \$.46 Lodg \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the charges qualifying for reimb | Amount Explanation Total Amount Explanation Amount Explanation Amount Explanation Reimbursement Due Selection of Education; and that all |

| Employee Name Amber Chard | Date S | ubmitted 320 24 |
|---|--|---|
| School/Work Site TAKIN | | |
| Name of Meeting/Conference KSNA | Managers RE | treat |
| Date(s) of Meeting/Conference 3/20-3 | Departur Departur | re Time 2'00pm Return Time 4:00pm |
| Place of Meeting/Conference | ^ 1 | ter-Somerset, hy |
| Rationale for Attendance Howal f | · // | laining - |
| Expenses paid by: | pec Ed | UST Specify) TWA STOVICE |
| Estimated Expenses: | · · | |
| Registration Lodging Meals See policy on book Society | | Substitute Other Total Est. Expense \$100 per day 385.00 |
| Principal Signature: / / / / / / / / / / / / / / / / | Grant/Adr | Required if Expenses are Paid by Grant Funds |
| priginal required receipts and signatures. | IIVA A P P PVI P I | ISE REIMBURSEMENT REQUEST |
| Charge @ | | e submitted within thirty (30) days of the travel return date. Other Expenses Total Amount Explanation |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | crict Travel Reimbursements MUST b | e submitted within thirty (30) days of the travel return date. |
| Date # Miles Charge @ \$.46 | Lodging Meals | Other Expenses Amount Explanation Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | n the above statement were incurred of official business; that they are son County Board of Education; and | Other Expenses Amount Explanation Total d by an proper |
| Date # Miles Charge @ \$.46 Sample | n the above statement were incurred of official business; that they are son County Board of Education; and | d by an proper that all |
| Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included i employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simp data furnished here within is true and correct to the base of the second content of the second correct to the base of the second correct to the seco | n the above statement were incurred of official business; that they are son County Board of Education; and lest of my knowledge. | Other Expenses Amount Explanation Total d by an proper that all Central Office Use: |

| Employee Name Flizaboth Cook | Date Submitted 3/19/24 |
|---|--|
| School/Work Site FSMS | , , , , |
| | rs Choir |
| Date(s) of Meeting/Conference 4/19/24 De | parture TimeReturn Time |
| Place of Meeting/Conference First Baptist Ch | urch - Bowling Green, KY |
| Rationale for Attendance Choir - Honors | |
| Expenses paid by: | er (MUST Specify) |
| Estimated Expenses: | |
| Registration Lodging Meals Mileage See policy on back* \$0.46 per mile | Airfare Substitute Other Total Est. Expenses \$100 per day |
| Prior Superintendent Approval: Approved Not Approved | Required if Expenses are Paid by Grant Funds 3 2 24 |
| ReasonSuperintendent | Signature |
| Submit this section upon returning. Include any | DENICE DELIABLIDGEMENT DEGLIECT |
| original required receipts and signatures. | (PENSE REIMBURSEMENT REQUEST |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses |
| original required receipts and signatures. | MUST be submitted within thirty (30) days of the travel return date.** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Charge @ Lodging Meals | Other Expenses Amount Explanation Total |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Date | Other Expenses Amount Explanation Total Incurred by an Reimbursement Due |
| **** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Date # Miles Charge @ Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that the charges qualifying for reimbursement from the Simpson County Board of Education data furnished here within is true and correct to the best of my knowledge. | Other Expenses Amount Explanation Total Incurred by an any are proper |
| original required receipts and signatures. **** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Date # Miles Charge @ S.46 Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that the charges qualifying for reimbursement from the Simpson County Board of Education data furnished here within is true and correct to the best of my knowledge. Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that the charges qualifying for reimbursement from the Simpson County Board of Education data furnished here within is true and correct to the best of my knowledge. Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that the charges qualifying for reimbursement from the Simpson County Board of Education data furnished here within is true and correct to the best of my knowledge. | Other Expenses Amount Explanation Total Reimbursement Due incurred by an ney are proper on; and that all Central Office Use: |
| **** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements Date # Miles Charge @ Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that the charges qualifying for reimbursement from the Simpson County Board of Education data furnished here within is true and correct to the best of my knowledge. | Other Expenses Amount Explanation Total Incurred by an an arey are proper on; and that all |

| Employee Name Lori Dyer | Date Submitted 3 21 24 |
|--|--|
| School/Work Site Lincoln | |
| Name of Meeting/Conference | |
| Date(s) of Meeting/Conference July 15 - 18 | Departure Time 8:15 AM Return Time 6:25 PM |
| Place of Meeting/Conference Orlando | |
| Rationale for Attendance Culture and C | timate. ETS Mother/MUST Specify/ Registration by distr |
| Expenses paid by: SBDM PD Spec Ed K | ETS MOther (MUST Specify) Registration by distr |
| Estimated Expenses: | |
| REPUSITATION | sage Airfare Substitute Other Total Est. Expenses \$100 per day \$385 \$0 1320 |
| Principal Signature: Prior Superintendent Approval: Approved Not Approved | Grant/Admin:Required if Expenses are Paid by Grant Funds |
| ReasonSup | Children S.S. Dear S |
| ###################################### | AVEL EXPENSE REIMBURSEMENT REQUEST mbursements MUST be submitted within thirty (30) days of the travel return date.** |
| Date # Miles Charge @ Lodging | Other Expenses Total Meals Amount Explanation |
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| Afficiently 1 hereby certify that all expenses included in the above st | tatement were incurred by an Reimbursement Due |
| Affidavit: I hereby certify that all expenses included in the above stemployee of Simpson County Schools in the capacity of official by charges qualifying for reimbursement from the Simpson County Bodata furnished here within is true and correct to the best of my knowledge. | usiness; that they are proper pard of Education; and that all |
| employee of Simpson County Schools in the capacity of official because qualifying for reimbursement from the Simpson County Bo | usiness; that they are proper pard of Education; and that all wledge. Central Office Use: |
| employee of Simpson County Schools in the capacity of official because qualifying for reimbursement from the Simpson County Bo | usiness; that they are proper pard of Education; and that all |
| employee of Simpson County Schools in the capacity of official be charges qualifying for reimbursement from the Simpson County Bodata furnished here within is true and correct to the best of my known that the capacity of official because of the capacity of the capacity of official because of the capacity of the c | usiness; that they are proper pard of Education; and that all wledge. Central Office Use: |

| To Do Filia | | 3/20/24 | |
|---|---|---|------------------------|
| Employee Name Jenifer CIII | Date Submitted _ | 3/20/24 | |
| School/Work Site High School | 1 2 2 | | |
| Name of Meeting/Conference KSNA Man Ac | er Reit | TAT . | 11100000 |
| Date(s) of Meeting/Conference $\frac{3/20 - 3/22}{}$ | | OO PAReturn Time | |
| Place of Meeting/Conference Some Set Con | A. Cente | s Somerse | t, Ky |
| Rationale for Attendance Annual mgr Conf | Manin | 9 757110V | 11.0 |
| Expenses paid by: | Other (MUST Specify | 7 100 a 20 v | 160 |
| Estimated Expenses: | • | | |
| Registration Lodging Meals See policy on back* See policy on back* Society on back* | e \$100 | per day | SSO.00 |
| Principal Signature: Prior Superintendent Approval: | Grant/Admin: | Required if Expenses are Paid | by Grant Funds |
| | 15/10 | | 7/24/2M |
| | endent Signature | | Date |
| Superina Superina | | | |
| Submit this section upon returning. Include any original required receipts and signatures. | EL EXPENSE RE | IMBURSEMENT | REQUEST |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs | ements MUST be submitted | within thirty (30) days of the | |
| Pare # Miles Charge @ Lodging | Meals | Other Expenses | |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs | | | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs Charge @ Lodging | Meals | Other Expenses | travel return date.*** |
| Date # Miles Charge @ Lodging Lodging | Meals Amount | Other Expenses | travel return date.*** |
| Date # Miles Charge Lodging Lodging Lodging Affidavit: I hereby certify that all expenses included in the above stateme employee of Simpson County Schools in the capacity of official busines | Meals Amount ent were incurred by an s; that they are proper | Explanation Explanation | travel return date.*** |
| Date # Miles Charge @ Lodging Lodging Lodging Affidavit: I hereby certify that all expenses included in the above statemen | Meals Amount ent were incurred by an s; that they are proper Education; and that all | Explanation Explanation | travel return date.*** |
| Date # Miles Charge Lodging Lodging Lodging Affidavit: I hereby certify that all expenses included in the above stateme employee of Simpson County Schools in the capacity of official busines charges qualifying for reimbursement from the Simpson County Board of | Meals Amount ent were incurred by an s; that they are proper Education; and that all | Explanation Explanation Reimbursement Due | travel return date.*** |
| Date # Miles Charge Lodging Lodging Affidavit: I hereby certify that all expenses included in the above stateme employee of Simpson County Schools in the capacity of official busines charges qualifying for reimbursement from the Simpson County Board of data furnished here within is true and correct to the best of my knowledge | ent were incurred by an s; that they are proper Education; and that all | Reimbursement Due | travel return date.*** |
| Date # Miles Charge Lodging Lodging Lodging Affidavit: I hereby certify that all expenses included in the above stateme employee of Simpson County Schools in the capacity of official busines charges qualifying for reimbursement from the Simpson County Board of | ent were incurred by an s; that they are proper Education; and that all | Explanation Explanation Reimbursement Due | travel return date.*** |
| Date # Miles Charge Lodging Lodging Affidavit: I hereby certify that all expenses included in the above stateme employee of Simpson County Schools in the capacity of official busines charges qualifying for reimbursement from the Simpson County Board of data furnished here within is true and correct to the best of my knowledge | ent were incurred by an s; that they are proper Education; and that all | Reimbursement Due | travel return date.*** |

| Campleyoo N | ama // /: | nda Ever | sma in | Date Submitte | 3/6/24 | |
|---|---|---|--|---|---|---------------------|
| School/Morl | k Site TVA | RIJI EL | incoin Elem | | | |
| Name of Me | eting/Confere | ence lansla | tive meet & | arect | | |
| Date(s) of M | leeting/Confe | rence 3 | 113/24 | Departure Time _ | loam Return Tim | e lepm |
| | | | | | A Ky 42+ 40cec | 21 |
| | | | education & | | J | |
| Evnenses na | id by: | SBDM 🗆 PD [| Spec Ed KETS | Other (MUST Spec | cify) PRUSC | |
| Estimated Ex | | | | , | 0 | |
| Registratio | | ng Me | | | | Total Est. Expenses |
| REPESE! | | See policy | | \$ | 100 per day | 177 00 |
| | \perp | 72 | 10°° 149 298 | | | 177.08 |
| Principal Sig | nature: | Mo Pa | 6 | _ Grant/Admin: | | |
| | ntendent App | , | | 101 | Required if Expenses are Pai | d by Grant Funds |
| | vedNo | ot Approved | | 3000 | , 3 | Date Date |
| Reason | | | Superinter | dent Signature | 1 | Jace Date |
| | | returning. Includ | | FYDENSE R | EIMBURSEMENT | r request |
| original | required rece | ipts and signatur | The state of the s | | | |
| *** Don Donne | 1 Dalley 02 125 a | nd 03 225. "Out-of | -District Travel Reimburser | nents MUST be submiti | ed within thirty (30) days of the | travel return date. |
| | 建 地名美国 | nd 03.225: "Out-of Charge @ | | B | ed within thirty (30) days of the Other Expenses | |
| *** Per Board Date | # Miles | CONTRACTOR OF STREET | Lodging N | leals Amour | Other Expenses | Total |
| | 建 地名美国 | Charge @ | Lodging N | leals | Other Expenses | |
| Date | # Miles | Charge @ \$.46 | Lodging N | leals Amour | Other Expenses | Total |
| Date | # Miles | Charge @ \$.46 | Lodging N | leals Amour | Other Expenses | Total |
| Date | # Miles | Charge @ \$.46 | Lodging N | leals Amour | Other Expenses | Total |
| Date | # Miles | Charge @ \$.46 | Lodging N | leals Amour | Other Expenses | Total |
| Date | # Miles | Charge @ \$.46 | Lodging N | leals Amour | Other Expenses | Total |
| Date | # Miles | Charge @ \$.46 | Lodging N | leals Amour | Other Expenses | Total |
| Date 3 13 | # Miles 298 | Charge @ \$.46 | Lodging N | Amour | Other Expenses | Total 177.08 |
| Date 3 13 Affidavit: I he employee of | # Miles 298 reby certify that Simpson County | Charge @ \$.46 137.08 all expenses inclusives Schools in the ca | Lodging N — | t were incurred by an that they are proper | Other Expenses It Explanation | Total 177.08 |
| Affidavit: I he employee of charges qualif | # Miles 298 reby certify that Simpson County fying for reimbu | Charge @ \$.46 137.08 all expenses included Schools in the carsement from the | Lodging N — | t were incurred by an that they are proper | Other Expenses It Explanation | Total 177.08 |
| Affidavit: I he employee of charges qualif | # Miles 298 reby certify that Simpson County fying for reimbu | Charge @ \$.46 137.08 all expenses included Schools in the carsement from the | Lodging N — | t were incurred by an that they are proper | Other Expenses Explanation Reimbursement Due Central Office Use: | Total 177.08 |
| Affidavit: I he employee of charges qualidata furnished | # Miles 298 reby certify that Simpson County fying for reimbu | Charge @ \$.46 137.08 all expenses included Schools in the carsement from the | ded in the above statement pacity of official business; Simpson County Board of Ethe best of my knowledge. | t were incurred by an that they are proper | Other Expenses It Explanation Reimbursement Due | Total 177.08 |
| Affidavit: I he employee of charges qualidata furnished | # Miles 298 reby certify that Simpson County fying for reimburd here within is the same of the same | Charge @ \$.46 137.08 all expenses included Schools in the carsement from the | ded in the above statement pacity of official business; Simpson County Board of Ethe best of my knowledge. | t were incurred by an that they are proper ducation; and that all | Reimbursement Due Central Office Use: | Total 177.08 |

Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

| Employee Name Missy Hardison School/Work Site Lincoln Name of Meeting/Conference JRGC Date(s) of Meeting/Conference July 15 - 18 Place of Meeting/Conference Orlando Rationale for Attendance Culture and Clim Expenses paid by: SBDM PD Spec Ed KETS | |
|---|---|
| Registration Lodging Meals Mileage \$0.46 per mile | 70 |
| Principal Signature: Prior Superintendent Approval: Approved Not Approved | Grant/Admin: Required if Expenses are Paid by Grant Funds 3/24/24 Indent Signature Date |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburs | EL EXPENSE REIMBURSEMENT REQUEST ements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses Amount Explanation Total |
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| 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 data furnished here within is true and correct to the best of my knowledge Employee Signature | Education; and that all |
| Supervisor Signature | Date CFO Approval |

| Employee Name Cailyn Hogan | Date Submitted | 15/24 |
|--|--|--|
| School/Work SiteF5H5 | | |
| Name of Meeting/Conference Boy's | Buskethall State Tournament | |
| Date(s) of Meeting/Conference | 470-24 Departure Time 84m | Return Time |
| Place of Meeting/Conference | | |
| Rationale for Attendance _ an appere | res level activity | 11:11 0 12 1 11 |
| Expenses paid by: | pec Ed KETS Other (MUST Specify) | WildCet Basketbell |
| Estimated Expenses: | | |
| Registration Lodging Meals See policy on b | | Other Total Est. Expenses 110.40 1096. 24 |
| 48.00 160. | 158.24 | 110. 1096.24 |
| Principal Signature: Pholiania | owner Grant/Admin: | |
| Prior Superintendent Approval: | Required | d if Expenses are Paid by Grant Funds |
| Approved Not Approved | J Sh | 3 /18/24 |
| Reason | Superintendent Signature | Date |
| | | |
| Submit this section upon returning. Include a original required receipts and signatures. | TRAVEL EXPENSE REIMBU | JRSEMENT REQUEST |
| NAME OF TAXABLE PARTY OF TAXABLE PARTY. | | |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dis | rict Travel Reimbursements MUST be submitted within th | |
| Date # Miles Charge @ | rict Travel Reimbursements MUST be submitted within th Other Exp Lodging Meals Amount | oenses Total |
| Charge @ | Lodging Meals Other Exp | enses |
| Date # Miles Charge @ | Lodging Meals Other Exp | oenses Total |
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| Date # Miles Charge @ | Lodging Meals Amount . | Explanation Total |
| Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included | Lodging Meals Amount Amount The above statement were incurred by an Reim | oenses Total |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying from the capacit charges qualifying from the capacit charges qualifying fo | n the above statement were incurred by an y of official business; that they are proper son County Board of Education; and that all | Explanation Total Abursement Due |
| Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capaci | n the above statement were incurred by an y of official business; that they are proper son County Board of Education; and that all | Explanation Total |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying from the capacit charges qualifying from the capacit charges qualifying fo | Neals Amount The above statement were incurred by an y of official business; that they are properson County Board of Education; and that all est of my knowledge. The Amount Reim Reim Central C | Explanation Total Abursement Due |
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| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacicharges qualifying for reimbursement from the Simp data furnished here within is true and correct to the beautiful or the simple of the second content of the sec | Neals Amount The above statement were incurred by an y of official business; that they are properson County Board of Education; and that all est of my knowledge. The Amount Reim Reim Central C | Explanation Total Abursement Due |

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|---|--|
| Employee Name Lar Iton Man | Date Submitted |
| School/Work Site F3HS | 4 |
| Name of Meeting/Conference Bay's B | asketball State Tournament |
| Date(s) of Meeting/Conference | 20-24 Departure Time Sum Return Time 12pm |
| Place of Meeting/Conference Lexington, | |
| Rationale for Attendance An Awereness | lesel activity |
| Expenses paid by: | ec Ed KETS Dother (MUST Specify) Jr. Wildest Besketbell |
| Estimated Expenses: | |
| Registration Lodging Meals See policy on bac | Parkey |
| Principal Signature. | Grant/Admin: |
| Prior Superintendent Approval: | Required if Expenses are Paid by Grant Funds |
| Approved Not Approved | 3/N/2 |
| Reason | _ Superintendent Signature Date |
| Charge @ | TRAVEL EXPENSE REIMBURSEMENT REQUEST ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Amount Explanation Total |
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| Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes | of official business; that they are proper on County Board of Education; and that all |
| employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the beautiful forms. | of official business; that they are proper on County Board of Education; and that all st of my knowledge. Central Office Use: |
| employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson | of official business; that they are proper on County Board of Education; and that all |

| Employee Name Lovi Hons | hell Date Submitted 3-15-24 | |
|--|---|-------|
| School/Work Site Simpson | FRC Coordinator | |
| Name of Meeting/Conference | Special Education | |
| Date(s) of Meeting/Conference $3-19-2$ | Departure TimeReturn Time | |
| Place of Meeting/Conference | 2 230 Technology Way B6 46 | 910 |
| Rationale for Attendance | ing Hutism Carde | |
| Expenses paid by: | d 🗆 KETS 🗗 Other (MUST Specify) 56 5 FRC | |
| Estimated Expenses: | | |
| Registration Lodging Meals See policy on back* | Mileage Airfare Substitute Other Total Est. Expen \$0.46 per mile \$100 per day | ises |
| Principal Signature: CW | Grant/Admin: Grant Funds, | |
| Prior Superintendent Approval: Approved Not Approved | 3/10/5 | sel |
| Reason Not Approved | Superintendent Signature Date | - |
| | | |
| Submit this section upon returning. Include any original required receipts and signatures. | TRAVEL EXPENSE REIMBURSEMENT REQUES | ST. |
| Charge @ | ravel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses | e.*** |
| Per Board Policy 03.125 and 03.225: "Out-of-District To Charge @ Lodg Date # Miles \$.46 | Other Expenses | e.*** |
| Date # Miles Charge @ Lodg | Other Expenses Total | e.*** |
| Date # Miles Charge @ Lodg | Other Expenses Total | e.*** |
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| Date # Miles Charge @ Lodg | Meals Amount Explanation Total | e.*** |
| Date # Miles Charge @ \$.46 Lodg \$ Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of the cap | Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due official business; that they are proper | e.*** |
| Date # Miles Charge @ \$.46 Lodg \$ Affidavit: I hereby certify that all expenses included in the | Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due Official business; that they are proper pounty Board of Education; and that all | e.*** |
| Date # Miles Charge @ \$.46 Lodg \$ Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County Schools in the capacity of charges qualifying for reimbursement from the charges qualifying from the charges qualifying from the charge | Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due Official business; that they are proper pounty Board of Education; and that all | e.*** |
| Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson C data furnished here within is true and correct to the best of | Meals Amount Explanation Total Amount Explanation Amount Explanation Reimbursement Due Reimbursement Due Central Office Use: | e.*** |

| Employee Name | Howson | Date Submit | ted |
|---|--|--|--|
| School/Work Site FSHS | CTE | | |
| Name of Meeting/Conference | SKYCTC FU | there Health care | HUROUS field FRIP |
| Date(s) of Meeting/Conference | Freduy, May | 3,014 Departure Tim | e <u>815AM</u> Return Time <u>2:30 pm</u> |
| Place of Meeting/Conference _ | SWCTC, B | owling Gree | en, ky |
| Rationale for Attendance | lege requirement | info a hands o | n Activities for health cure |
| Expenses paid by: | □PD □Spec Ed □ | KETS (Other (MUST Sp | becify) 10 CM Money program Bus paid low by Sky CTC |
| Estimated Expenses: | | | Dus place and say 5-4 5-15 |
| Registration Lodging | | ileage Airfare sper mile | Substitute Other Total Est. Expenses \$100 per day \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$ |
| Principal Signature: | | Grant/Admin: _ | N/A |
| Prior Superintendent Approval: | | 1 0/1 | Required if Expenses are Paid by Grant Funds |
| Approved Not App | proved | J 8M | 3/20/24 |
| Reason | Suj | perintendent Signature | Date |
| | and the state of t | | |
| अधिकार स्वाइ इंडब्स्टिन पूर्वा स्थापता तह संस्थातिक स्थापता स्वाइत्याहरू | | RAVEL EXPENSE | REIMBURSEMENT REQUEST |
| | | | |
| *** Per Board Policy 03.125 and 03.2 | | eimbursements MUST be subm | nitted within thirty (30) days of the travel return date.** |
| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
| Date # Miles Cha | 225: "Out-of-District Travel Re | | Other Expenses Total |
| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
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| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging | Meals | Other Expenses Total |
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| Date # Miles Cha | 225: "Out-of-District Travel Rearge @ Lodging 5.46 Lodging enses included in the above senses in the above sense senses in the above senses in the above senses in the above senses in the above sense senses in | Meals Amo | Other Expenses Funt Explanation Total Reimbursement Due |
| Affidavit: I hereby certify that all expensions of Simpson County School charges qualifying for reimbursement | enses included in the above start the capacity of official it from the Simpson County B | Meals Amo | Other Expenses Fount Explanation Reimbursement Due |
| Affidavit: I hereby certify that all expenses of Simpson County School | enses included in the above start the capacity of official it from the Simpson County B | Meals Amo | Other Expenses Fount Explanation Reimbursement Due |
| Affidavit: I hereby certify that all expensions of Simpson County School charges qualifying for reimbursement | enses included in the above start the capacity of official it from the Simpson County B | Meals Amo | Other Expenses Funt Explanation Reimbursement Due Central Office Use: |
| Affidavit: I hereby certify that all expensions of Simpson County School charges qualifying for reimbursement | enses included in the above start the capacity of official it from the Simpson County B | Meals Amo statement were incurred by ar business; that they are proper oard of Education; and that allowledge. 3/19/24 Date | Other Expenses Fount Explanation Reimbursement Due |
| Affidavit: I hereby certify that all expemployee of Simpson County School charges qualifying for reimbursement data furnished here within is true and | enses included in the above start the capacity of official it from the Simpson County B | Meals Amo | Other Expenses Funt Explanation Reimbursement Due Central Office Use: |

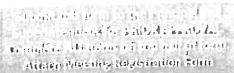
| Employee Name Bryan Jone | Date Submit | ted 3/15/24 |
|---|---|--|
| School/Work Site F5H5 | | |
| Name of Meeting/Conference FBLA | State Leaders | hip Conference |
| Date(s) of Meeting/Conference 4/8-1 | D eparture Time | e 8 AM Return Time 3PM |
| Place of Meeting/Conference Gast | House, Louisi | |
| Rationale for Attendance Superior S | ion of 22 s | student competitors |
| | Ed 🗆 KETS 🛕 Other (MUST Sp | pecify) HENKINS |
| Estimated Expenses: | | |
| Registration Lodging Meals See policy on back* | Mileage Airfare \$0.46 per mile | Substitute Other Total Est. Expenses \$100 per day 537.40 |
| Principal Signature: Prior Superintendent Approvat: Approved Not Approved Reason | Grant/Admin: | |
| Submit this section upon returning. Include any original required receipts and signatures. | TRAVEL EXPENSE | REIMBURSEMENT REQUEST |
| Per Board Policy 03.125 and 03.225: "Out-of-District To Date # Miles Charge @ Lodg | | itted within thirty (30) days of the travel return date.*** Other Expenses Total |
| Pate # Miles Charge @ Lode | ging Meals | itted within thirty (30) days of the travel return date.*** Other Expenses Total |
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| Pate # Miles Charge @ Lode | ging Meals | itted within thirty (30) days of the travel return date.*** Other Expenses Total |
| Pate # Miles Charge @ Lode | ging Meals | itted within thirty (30) days of the travel return date.*** Other Expenses Total |
| Per Board Policy 03.125 and 03.225: "Out-of-District To Date # Miles Charge @ \$.46 Lodg Affidavit: I hereby certify that all expenses included in the | ging Meals Amo | Other Expenses unt Explanation Reimbursement Due |
| Per Board Policy 03.125 and 03.225: "Out-of-District To Date # Miles Charge @ \$.46 Lodge L | e above statement were incurred by an official business; that they are proper county Board of Education; and that all | Other Expenses unt Explanation Reimbursement Due |
| Date # Miles Charge @ Lodg \$.46 Lodg Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson County. | e above statement were incurred by an official business; that they are proper county Board of Education; and that all | Other Expenses unt Explanation Reimbursement Due |

Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

| Employee Name fam Jones Date Submitted | 3/21/24 |
|---|--|
| School/Work Site Lincoln Date Submitted | |
| Name of Meeting/Conference | |
| Date(s) of Meeting/Conference <u>July 15 - 18</u> Departure Time _ | 8:15 AM Return Time 6:25 PM |
| | |
| Place of Meeting/Conference Orlando | |
| Rationale for Attendance Culture and Climate | iful Realistration by distric |
| Expenses paid by: SBDM PD Spec Ed KETS Cother (MUST Spec | ity) Registrotion by around |
| Estimated Expenses: | Other Tatal Fat Emerges |
| Podictration 1009119 MICOIS | ubstitute Other Total Est. Expenses .00 per day |
| | 0 1320.00 |
| Puincinal Signature: Al MO Co Co Grant/Admin: | |
| Principal Signature: Grant/Admin: Grant/Admin: Prior Superintendent Approval: | Required if Expenses are Paid by Grant Funds |
| Approved Not Approved | 3/24/35 |
| Reason Superintendent Signature | Date |
| ###################################### | EIMBURSEMENT REQUEST |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge @ Lodging Meals Amount | Other Expenses Total |
| Charge @ Lodging Meals | Other Expenses Total |
| Charge @ Lodging Meals | Other Expenses Total |
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| Charge @ Lodging Meals | Other Expenses Total |
| Charge @ Lodging Meals | Other Expenses Total |
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| Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge. | t Explanation Total |
| Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge. | Reimbursement Due Central Office Use: |

| Employee Name Tony Lovan Date | e Submitted |
|--|---|
| School/Work Site F5HS | 7 7 |
| Name of Meeting/Conference Bais Baskethall State To | usnement |
| Date(s) of Meeting/Conference March 19-24 Depart | rture TimeReturn Time1 Zpu |
| Place of Meeting/Conference Lexington, KY | |
| Rationale for Attendance Rn Asplaneness level activity | |
| Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☑ Other | (MUST Specify) Jr. Wildest Basketball |
| Estimated Expenses: | |
| Registration Lodging Meals Mileage Airf See policy on back* \$0.46 per mile | \$100 per day |
| 835.00.0 | 1035.6 |
| Principal Signature: Sylophanie Nowney Grant/ | Admin: |
| Prior Superintendent Approval: | Required if Expenses are Paid by Grant Funds |
| Approved Not Approved | J8hl 3/18/2 |
| Reason Superintendent Sig | nature Date |
| Submit this section upon returning. Include any TDAVEL EVD | |
| original required receipts and signatures. | ENSE REIMBURSEMENT REQUEST |
| | |
| The second secon | ST be submitted within thirty (30) days of the travel return date.* Other Expenses |
| Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MU Date # Miles Charge @ Lodging Meals \$.46 | ST be submitted within thirty (30) days of the travel return date.* Other Expenses Total Amount Explanation |
| Date # Miles Charge @ Lodging Meals | Other Expenses Total |
| Date # Miles Charge @ Lodging Meals | Other Expenses Total |
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| Date # Miles \$.46 Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were included employee of Simpson County Schools in the capacity of official business; that they | Other Expenses Amount Explanation Total From the second of the second |
| Date # Miles Charge @ Lodging Meals \$.46 Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were included. | Other Expenses Amount Explanation Total From the second of the second |
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| Date # Miles \$.46 Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were included employee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education; | Other Expenses Amount Explanation Total From the control of the |
| Affidavit: I hereby certify that all expenses included in the above statement were including employee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education; data furnished here within is true and correct to the best of my knowledge. The London State Charge London Meals Affidavit: I hereby certify that all expenses included in the above statement were included. | Other Expenses Amount Explanation Total Urred by an are proper and that all Central Office Use: |

| Employee Name JCDN 101 R 11 N | hningDate | Submitted 3/2 | 0/24 | |
|--|--|--|-----------------------------|----------------------------|
| School/Work Site SIMO(O) | J | · · · · · · · · · · · · · · · · · · · | | |
| Name of Meeting/Conference KSN | HA managers | Retren | <u> </u> | |
| Date(s) of Meeting/Conference 3/2ムープ | Depart_ | ure Time 21 0 | Return Time | 4100pm |
| Place of Meeting/Conference | t conf conte | r Somer | set, Ky | |
| Rationale for Attendance | var cont, - | MINING | 1 . 5 | |
| Expenses paid by: ☐ SBDM ☐ PD ☐ Sp | pec Ed KETS FLOther (I | MUST Specify | ON JEN | 110 |
| Estimated Expenses: | | | | |
| Registration Lodging Meals See policy on ba | | re Substitute \$100 per day | Other To | 80.00 |
| Principal Signature: WWW TICK | Grant/A | dmin: | | |
| Prior Superintendent Approval: Approved Not Approved | 15 | Require | d if Expenses are Paid b | 3/21/24 |
| Reason | Superintendent Sign | ature | | Date |
| Submit this section upon returning. Include ar original required receipts and signatures. | IKAVEL EXPE | | | |
| The state of the s | wist Tuescal Deimsburgamannante BALICT | t ha cubmittad within t | hirty (20) days of the tr | avel return date *** |
| *** Per Board Policy 03.125 and 03.225: "Out-of-Dist | | r be submitted within t Other Ex | | |
| Charge @ | Lodging Meals | | | avel return date.*** Total |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ | | Other Ex | penses | |
| Date # Miles Charge @ \$.46 | Lodging Meals | Other Ex Amount | penses Explanation | |
| Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included in | Lodging Meals In the above statement were incur | Other Ex Amount | penses | |
| Date # Miles Charge @ \$.46 | n the above statement were incurry of official business; that they a son County Board of Education; and | red by an re proper nd that all | penses Explanation | |
| Affidavit: I hereby certify that all expenses included is employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the b | n the above statement were incur y of official business; that they a son County Board of Education; an est of my knowledge. | red by an re proper and that all | Explanation nbursement Due | |
| Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in the capacity charges qualifying for reimbursement from the Simps | n the above statement were incurry of official business; that they a son County Board of Education; and | red by an re proper nd that all | Explanation nbursement Due | |



| | / / / / | | | -1 -1 | |
|--|--|---|--|---|--------------------------|
| Employee Name Aoril Mo | charabton | Date | Submitted | 3/18/24 | |
| Employee Name April Mo | RTE | | | | |
| 5 4 4 1 - 10 - mfananco | DGC (A) | nference | let. | 2.0 | 4:00 |
| Data(s) of Meeting/Conference | e 9/14-20/ | 24Depart | ure Time | $\frac{5\mathcal{O}}{2}$ Return Tin | ne <u>(6:00</u> |
| | V Hinton | Dan Dulaga | N Riveros | de | |
| Rationale for Attendance SBDM | Honding-M | conference (| wing che | Edun uf diss | bilities + |
| Rationale for Attenuance | A □ PD □ Spec E | d □ KETS □ Other (N | / //UST Specify) _ | • | - ganiliss) |
| Expenses paid by: | | | 20 | | |
| Estimated Expenses: Registration Lodging | Meals | Mileage Airfar | | | Total Est. Expenses |
| Registration Lodging | See policy on back* | \$0.46 per mile | \$100 per | | |
| 495 1123.00 | 240.00 | - 399.9 | 96 - | 250.00 | 250796 |
| | | Grant/A | dmin: | | |
| Principal Signature: Prior Syperintendent Approva | | 100 | Re | quired if Expenses are Pa | id by Grant Funds |
| Approved Not Ap | | - to | | | |
| Reason | | Superintendent Signa | ature | | Date |
| an Junear ou particle formation | THE CONTRACT OF LOOK | | | | T DECUEST |
| Submit this section upon return | ming include any | TRAVEL EXPE | NICE REIN | IBURSEMEN | I REQUEST |
| Little Har Lett fill ten Leneibro o | Un etalium es | | | | |
| original required receipts : *** Per Board Policy 03.125 and 03. | .225: "Out-of-District Tr | | be submitted wit | hin thirty (30) days of the | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses | e travel return date.*** |
| *** Per Board Policy 03.125 and 03 | .225: "Out-of-District Tr | avel Reimbursements MUST | be submitted wit | chin thirty (30) days of the er Expenses Explanation | Total |
| Date # Miles Ch | .225: "Out-of-District Tr narge @ Lodgi \$.46 Lodgi | ing Meals Meals above statement were incur | be submitted with Oth Amount | chin thirty (30) days of the er Expenses | Total |
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| Place of Meeting/Conferen | ice W | <u>ku 50</u> | uth C | ampa | 25 | Λ | <u>^</u> | |
| Rationale for Attendance | CPR1. | First Ai | V | struct | | <u>Certi</u> | ticati | ion_ |
| Expenses paid by: | BDM □ PD □ | Spec Ed KET | rs ☑ Other (N | MUST Speci | fy) LUC | HL | | |
| Estimated Expenses: | | W. | | | | | | |
| Registration Lodging | g Mea See policy o | | | | ostitute O per day | Other | | st. Expenses |
| Principal Signature: Prior Superintendent Appr | Maure oval: | Nown e | Grant/A | dmin: | Required | if Expenses a | re Paid by Gra | ant Fynds |
| Approved No | t Approved | | | 2M | | | 8/20 | 1/29 |
| Reason | | Super | intendent Sign | ature | | | | Date |
| Submit this section upon or original required receive | | e any TRA | VEL EXPE | NSE RE | IMBU | IRSEMI | ENT RE | QUEST |
| *** Per Board Policy 03.125 an | d 03.225: "Out-of- | District Travel Reimi | | | d within thi | rty (30) days | | |
| *** Per Board Policy 03.125 an Date # Miles | d 03.225: "Out-of- Charge @ \$.46 | District Travel Reimi Lodging | | | d within thi Other Exp | rty (30) days | of the travel | |
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| Per Board Policy 03.125 and Date # Miles | d 03.225: "Out-of- Charge @ \$.46 | Lodging | Meals | Amount | d within thi | enses Explanation | of the travel | return date.** |
| Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs | charge @ \$.46 s.46 sall expenses includ Schools in the capement from the S | Lodging Lodging ed in the above state pacity of official bus impson County Boar | Meals Meals Meals mement were incur iness; that they are | Amount Amount | Reim | irty (30) days enses | of the travel | return date.** |
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