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

Attach Meeting Registration Form

Employee Name Michelle Mchers	Date Submitted 3 14 34
Fore C+C	Date Submitted
Name of Mosting/Conference SYYCT	
Date(s) of Meeting/Conference TriOay - Mai	3. 2024 Departure Time 8:15 Am Return Time 2:30 pm
Place of Meeting/Conference 5 KYCTC	Bowling Green, KY
	ent into. Honos on Activities for healthrave progra
Rationale for Attendance College (Paper Const.)	Ed   KETS   Other (MUST Specify)   10(a) money
•	* Bus paid for by SKYCTC
Estimated Expenses:  Registration Lodging Meals	Mileage Airfare Substitute Other Total Est. Expenses
Registration Lodging Meals  See policy on back*	\$0.46 per mile \$100 per day
	\$100 - \$100
6/2	Grant/Admin:
Principal Signature:  Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
ApprovedNot Approved	3/20/24
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses
*** 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. <sup>4</sup> Other Expenses  ging Meals Amount Explanation
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	SIMF	SON COL	INTY	SCHO	OLS
Action of the control		ISTRICT TRA		N.	RIZATION
Employee Name Laura Miller-	Welsh	Date Submitted		3/18/24	
School/Work Site					
Name of Meeting/Conference DEC	conference	Departure Time _	4.31	Peturn Ti	ime 6:M
Date(s) of Meeting/Conference 9/16	-20/24				
Place of Meeting/Conference	felton Thew	Orleans	Mull	kae	
Rationale for Attendance attending	g conference				,
Expenses paid by: SBDM PD	Spec Ed  KETS	Other (MUST Spec	ify)		
Estimated Expenses:	day	atulana Ci	bstitute	Other	Total Est. Expenses
Registration Lodging Mea See policy o	is ivilleage	Lill totte	00 per day		
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Principal Signature:  Prior Superintendent Approval:	MA 1	_GrantyAumin	Required in	Expenses are P	aid by Grant Funds
Approved Not Approved	4	Shi			
Reason	Superinter	ndent Signature			Date
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*** Per Board Policy 03.125 and 03.225: "Out-of-	District Travel Reimburse	ments MUST be submitte	d within thirt	y (30) days of th	ne travel return date.***
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Supmit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

		2/21/24
Employee Name Toyce Pais	Date Submitte	ed_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	limate	D: chrotian by dictri
Expenses paid by: SBDM PD Spec Ed K	ETS Other (MUST Spe	ecify) Registration by distri
Estimated Expenses:		
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\$550 \$225 \$160		1500 Bill 8 179500
	Grant/Admin:	Transportation to and
Principal Signature: Prior Superintendent Approval:	Grant/Admin	Required if Expenses are Paid by Grant Funds
Approved Not Approved	J 800	3/24/24
	erintendent Signature	Date
		REIMBURSEMENT REQUEST
	and the state of t	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei	mbursements MUST be submit	Other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei  Charge @ Lodging \$.46	mbursements MUST be submit  Meals  Amou	Other Expenses Total
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Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

Employee Name DVa Lee Poole	Date Submitted 32624
School/Work Site Transportation	1
Name of Meeting/Conference Driver Too	inc Workshar
Date(s) of Meeting/Conference April 1-5,2	
Place of Meeting/Conference Frankfort	KY
Rationale for Attendance New Driver	Trainer
Expenses paid by:	KETS  Other (MUST Specify)
Estimated Expenses:	
	Airfare Substitute Other Total Est. Expenses \$100 per day
DF 3 / 16 10 G 25 5	
Principal Signature:  Prior Superintendent Approval: Not Approved	Required if Expenses are Paid by Grant Funds
ReasonSu	uperintendent Signature Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel F	RAVEL EXPENSE REIMBURSEMENT REQUEST  Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Meals  Amount Explanation
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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 Suchm Fra	Date Submitted 320/24	
School/Work Site Middle Sch	1001	
Name of Meeting/Conference \	A Managers Retreat	
Date(s) of Meeting/Conference 3/20-3/	22 Departure Time 2:00 Return Time 4:00	m
Place of Meeting/Conference	et Conf. Center, Somerset, Ky	
Rationale for Attendance	ngr. Cont Training	
Expenses paid by: 🗆 SBDM 🗆 PD 🗆 S	Spec Ed KETS Other (MUST Specify)	
Estimated Expenses:	<b>V</b> •	
Registration Lodging Meals See policy on		penses
300.00 80.0	380.	00
Principal Signature: Which was	Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fu	ınds
Approved Not Approved	3 21	24
Reason	Superintendent Signature	Date
Submit this section upon returning. Include a original required receipts and signatures.	I KAVEL EXPENSE KENVIBURSENIEM I REQU	IEST
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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

$\mathcal{L}_{\mathcal{L}}$	/ /
Employee Name Termaine Robey Date S	Submitted 3/15/24
School/Work SiteFSHS	
Name of Meeting/Conference Bay's Basketbak State To  Date(s) of Meeting/Conference March 19-24 Departu	outainent &
Date(s) of Meeting/Conference March 14-24 Departu	re Time Zam Return Time 12pm
Place of Meeting/Conference	
Rationale for Attendance _ En A Nereness level activity	
Expenses paid by:   SBDM  PD  Spec Ed  KETS  Other (M	MUST Specify) Jr. Wildest Basketball
Estimated Expenses:	
Registration Lodging Meals Mileage Airfard See policy on back* \$0.46 per mile	e Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Grant/Ad	dmin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	-<1.L = 1/2/2
Approved Not Approved  Reason Superintendent Signa	oture Date
Superintendent Signa	200
original required receipts and signatures.	NSE REIMBURSEMENT REQUEST
Charge @	be submitted within thirty (30) days of the travel return date.***  Other Expenses
Date # Miles Charge @ Lodging Meals	
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
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BIL

Superintendent for PRIOR APPROVAL.

Complete ALL items on top half of form.

Attach Meeting Registration Form

Employee Name Amber Rosbotton	Date Submitted 3	121/24
School/Work Site Lincoln  Name of Meeting/Conference _ JRGC		
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	Climate Cultivated P	enistration by distric
Expenses paid by: SBDM DPD Spec Ed C	KETS MOther (MUSI Specify)	egistration by distri
Estimated Expenses:	Mileage Airfare Substitut	e Other Total Est. Expenses
RADISTIATION LOUSING	Villeage Airfare Substitut 46 per mile \$100 per de	프로 경험되었다. 선명이 발표되는 경험 중요하는 하실 하게 살아가 얼마나 없다는데 하는데
	Grant/Admin:	
Principal Signature:  Prior Superintendent Approval:	A CI / Requ	uired if Expenses are Paid by Grant Funds
Approved Not Approved	Sh	3/24/24
ReasonS	uperintendent Signature	Date
		BURSEMENT REQUEST
	Paimbursements MUST be submitted with	in thirty (30) days of the travel return date.***
Charge @ Lodging	Other	th thirty (30) days of the travel return date.***  Expenses  Explanation  Total
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Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>. complete AU Trains on top fall of form. Asset Meading Registration Form

Constitution and and an analysis of the constitution of the consti	015/21
Employee Name Sheena Searcy Date Submitte	ed 3 19 24
School/Work Site FSHS	de Cambelanes
Name of Meeting/Conference FBLA State Leaders	EAM 20M
Date(s) of Meeting/Conference	
Place of Meeting/Conference Galt House, Louisvil	e Ry
Rationale for Attendance Superission of 33 Stude	
Expenses paid by: SBDM PD Spec Ed KETS Cother (MUST Spec	ecify) <b>Per Fins</b>
Estimated Expenses:	
Repistration Loughis Micais Miles Control	Substitute Other Total Est. Expenses
- 397.40 80 (bus) -	<del>-</del> - 477.40
	Dear -
Principal Signature: Grant/Admin:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval	2/21/24
Approved Approved  Reason Superintendent Signature	Date
NeasonSupermendent signature	
Submit this section upon returning Include any TRAVEL EVDENCE I	REIMBURSEMENT REQUEST
original required receipts and signatures. IRAVEL EXPENSE I	(Ellaipouzriairia i urdorai
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit	tted within thirty (30) days of the travel return date.***  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit  Date # Miles Charge @ Lodging Meals Amou	tted within thirty (30) days of the travel return date.***  Other Expenses  Total
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Pate # Miles Charge Lodging Meals Amou  Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all	Other Expenses nt Explanation  Reimbursement Due
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Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

Employee Name	am Sha	affer	Date	Submitted	326	24	
School/Work Site 10	ansporte	ition					
Name of Meeting/Confere	ence Da	ver Trai	ner Wor	Kshoi	>		
Name of Meeting/Conference Date(s) of Meeting/Confe	rence April 1	-April 3	202 peparti	ure Time 🗾	31/24 4 <del>00</del> R	eturn Tim	ne 800 pm
Place of Meeting/Confere	126559		0 520				
Rationale for Attendance	Driver-	Trainer	update	U			
Expenses paid by:	BDM □ PD □	Spec Ed K	ETS Other (N	/IUST Speci	y)		
Estimated Expenses:							
Registration Lodgi	ng Mea See policy o	on back* \$0.46 p	er mile		ostitute C	other	5276.40
Principal Signature: Prior Superintendent App Approved Notes  Reason	ot Approved	Supe	Grant/A	-5/	Required if Expe	nses are Pai	d by Grant Funds  3 /26/24  Date
		e anv		NICE DE	INADI IDCE	INTENI	REQUEST
Submit this section upon original required receiver Per Board Policy 03.125 a  Date # Miles	pts and signature	s. ITV	nbursements MUST			days of the	
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Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

				10.0001	
Employee Name Lee Ann Smith	Date Su	bmitted _	March	18, 2024	
School/Work Site FSMS					
Name of Meeting/Conference STLP State Conference	e				
Date(s) of Meeting/Conference March 27, 2024	Departure	Time	i, 4:30 p.m	Return Tir	me <u>03.27, 9:00 p.m.</u>
Place of Meeting/ConferenceRupp Arena, Lexington, KY					
Rationale for Attendance FSMS Middle School STLP Coach					
Expenses paid by:	ETS Other (MU	ST Specify)			
Estimated Expenses:		con a section			
	eage Airfare per mile S 0	\$100 p		Other \$ 0	\$301
Principal Signature:  Prior Superintendent Approval:  Approved Not Approved  Reason Superintendent	Grant/Adm	fil	Required i	f Expenses are Pa	aid by Grant Funds
Submit this section upon returning. Include any				2021454	
original required receipts and signatures.	AVEL EXPEN				
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei	mbursements MUST be		her Expe		traver return date.
Date # Miles Charge @ Lodging	Meals	Amount		xplanation	Total
Affidavit: I hereby certify that all expenses included in the above st employee of Simpson County Schools in the capacity of official but	usiness; that they are p	proper	Reimb	ursement Du	е
charges qualifying for reimbursement from the Simpson County Bo data furnished here within is true and correct to the best of my know	ard of Education; and t	hat all	ntral Of	fice Use:	
Employee Signature	Date	Co	ding		
Supervisor Signature	Date	—   _	O Appro	oval	

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

		2 1	
Employee Name William D. Spence	✓ Date Submi	itted 3/15/24	
School/Work Site F.S.H.S			
Name of Meeting/Conference Box's Bask	thall State Tourne	event a	
Name of Meeting/Conference Box's Basks  Date(s) of Meeting/Conference March 70	- 19 - 24 Departure Tin	ne /Zam_Return Tim	ne /Zpu
Place of Meeting/Conference	oran et cure		
Rationale for Attendance Quarantess	level activity		
Expenses paid by:   SBDM PD Spec Ed	☐ KETS ☐ Other (MUST S	specify) Ir. Willest &	Buskethall
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	\$100 per day	Total Est. Expenses
835.50 200.60	158.24	Parking 110.40	1303.24
Principal Signature Stephanie Von	onel Grant/Admin:		
Prior Superintendent Approval:	11/101	Required if Expenses are Pai	d by Grant Funds
Approved Not Approved	- N	W	3/18/24
Reason	Superintendent Signature		Date
Submit this section upon returning. Include any			
original required receipts and signatures.		REIMBURSEMENT	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be sub	mitted within thirty (30) days of the Other Expenses	travel return date.***
Date # Miles Charge @ Lodgin	g Meals Am	ount Explanation	Total
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		Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the at employee of Simpson County Schools in the capacity of off	ficial business; that they are prope	er	25
charges qualifying for reimbursement from the Simpson Cou data furnished here within is true and correct to the best of m	inty Board of Education; and that a	Central Office Use:	
. 1	. –		
112-11 -	3/10/20		
Millia . 1) - Apr	3/15/24 Date		
Employee Signature	3/15/24 Date	Coding	
Employee Signature  Supervisor Signature			

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 Suc Jwitt	Date Submit	ted 5 20 24
School/Work Site		, , , , , , , , , , , , , , , , , , ,
Name of Meeting/Conference KSNA M	unages Retr	ect
Date(s) of Meeting/Conference 3 20-3 20	Departure Time	2:00 pm Return Time 4:00pm
Place of Meeting/Conference Some Meeting/Conference	Conf. Certer	Someset, Ky
Rationale for Attendance House Mg.	Cont, - Train	JAES ISPOLIC
Expenses paid by:   SBDM  PD  Spec Ed	☐ KETS ☐ Other (MUST Sp	ecify) OOOO UVIGO
Estimated Expenses:	•••	
Registration Lodging Meals See policy on back*  300.00 80.00	Mileage Airfare \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
Principal Signature:	Grant/Admin: _	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:  Approved Not Approved	100	1 /2/12/
Reason	Superintendent Signature	Date
	Superinternaent Signature	
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 Tra	vel Reimbursements MUST be subm	itted within thirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Translate # Miles Charge @ Lodgin \$.46		Other Expenses Total
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Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

Toda		2/1/1/24
Employee Name Rebecca Todd	Date Submitte	d 3/21/24
School/Work Site Lincoln		
Name of Meeting/Conference		0:16.014
Date(s) of Meeting/Conference July 15 - 18	Departure Time	8:15 AM Return Time 6:25 PM
Place of Meeting/Conference <u>Orlando</u>		
Rationale for Attendance Culture and	Climate	Projetration by distr
Expenses paid by: SBDM PD Spec Ed I	KETS Cother (MUST Spe	cify) Registration by distr
Estimated Expenses:	V-22	
REPISITATION """	IVIII CUBC	Substitute Other Total Est. Expenses
\$550 \$225 \$160	\$385	1320
CALLO (	Grant/Admin:	
Principal Signature:Prior Superintendent Approval:	1 -0:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	J 8W	3/24/25
	Superintendent Signature	Date
WARRINGTON TO THE TOTAL OF THE PARTY OF THE		REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel	Reimbursements MUST be submit	ted within thirty (30) days of the travel return date.**
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Employee Na	me <u>Rac</u>	hel Wrigh	<u>nt</u>	Dat	e Submitte	d	3/18/24	
School/Work	Site	RTC						
Name of Mes	ting/Confe	rence	DEC CONS	Depar	. Time	4:30	Return T	ime <i>6:00</i>
Date(s) of Me	eeting/Confe	erence	6-20/24	Depar	ture time.	Di.	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Rationale for	Attendance	atten	dy confi	erence (ye	ung Ch	uldre	2 macs	abilities
Expenses paid	d by:	SBDM □ PD	☐ Spec Ed ☐ I	KETS Other	MUST Spec	CITY)		
Estimated Exp	penses:	#60 D	er dou	eage Airfa		ubstitute	Other	Total Est. Expenses
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		ot Approved	9	1	She			
Reason			Sup	erintendent Sign	nature			Date
							CONTRACTOR OF STREET	
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Per Board F	# Miles	charge @ \$.46	Lodging  Lodging	Meals  Meals	Amoun	ed within thir Other Expe t E	<b>ty (30) days of ti</b> nses	Total
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