

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**

Name David Webster Charged to-Program/Code No Travel Expense
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Chairperson School/Dept. Simpson County Schools Date 2/12/19

Workshop/Conference Meeting 2019 KSBA Annual Conference

Date(s): Feb. 21-24, 2019 Specific Location: Galt House City/State: Louisville, KY

Brief description of activities: Networking and participating in workshops and general sessions.
 Theme: "Educate, Equip, Empower"

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
 _____ an awareness level activity, X other (explain below):

Other (explanation): Workshops designed to enhance school board service & earn training credit hours

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>KSBA</u>
Lodging _____ night(s) at \$ _____ per night		\$ <u>KSBA</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts	\$ <u>KSBA</u>
	Lunches	
	Dinners	
Travel _____ miles (total) at 41¢ per mile		\$ <u>KSBA</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>No Travel</u>

Signatures:

Prepared by H Webster Date 2.12.19
 Employee

Central Office Use:

☒ Approved
☐ Not Approved... Reason _____

 Principal/Immediate Supervisor Date _____

 Project Administrator Date _____

[Signature]
 Superintendent

Date: 2/12/19

Total number of previously approved days out of District for current school year 14
 (This must be completed before obtaining Superintendent's approval of request.)

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**

Name Jennifer Stone Charged to-Program/Code 00011071 - 0580 & 0338
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. Simpson County Schools Date 2/12/19

Workshop/Conference Meeting 2019 KSBA Annual Conference

Date(s): Feb. 21 – 24, 2019 Specific Location: Galt House City/State: Louisville, KY

Brief description of activities: Networking and participating in workshops and general sessions.
 Theme: "Educate, Equip, Empower"

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
 _____ an awareness level activity, X other (explain below):

Other (explanation): Workshops designed to enhance school board service & earn training credit hours

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>445.00 *</u>
Lodging <u>3</u> night(s) at \$ _____ per night		\$ <u>550.17</u>
# of meals (reimbursed only with overnight stay) _____ Breakfasts		\$ <u>120.00</u>
	_____ Lunches	
	_____ Dinners	
Travel <u>278</u> miles (total) at 41¢ per mile		\$ <u>113.98</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
*Meal tickets to be reimbursed-\$30	TOTAL ESTIMATED EXPENSES	\$ <u>1,229.15</u>

Signatures:

Central Office Use:

Employee

Date 2.12.19

Approved

Not Approved... Reason

Principal/Immediate Supervisor

Date _____

Project Administrator

Date _____

Superintendent

Date: 2/12/19

Total number of previously approved days out of District for current school year 1

(This must be completed before obtaining Superintendent's approval of request.)

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**

Name Tara Heinze Charged to-Program/Code 00011071 - 0580 & 0338
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. Simpson County Schools Date 2/12/19

Workshop/Conference Meeting 2019 KSBA Annual Conference

Date(s): Feb. 21-24, 2019 Specific Location: Galt House City/State: Louisville, KY

Brief description of activities: Networking and participating in workshops and general sessions.
 Theme: "Educate, Equip, Empower"

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
 _____ an awareness level activity, _____ **X** other (explain below):

Other (explanation): Workshops designed to enhance school board service & earn training credit hours

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>415.00</u>
Lodging <u>3</u> night(s) at \$169.26 per night		\$ <u>550.17</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts	\$ <u>120.00</u>
	Lunches	
	Dinners	
Travel <u>266</u> miles (total) at 41¢ per mile		\$ <u>109.06</u>
Other (parking, cab fare, airfare, etc.): _____		\$ <u>-</u>
Substitute _____ day(s) at \$84 per day (estimated)		\$ <u>-</u>
TOTAL ESTIMATED EXPENSES		\$ <u>1,194.23</u>

Signatures:

Prepared by H. C. [Signature] Date 2.12.19
 Employee

Central Office Use:

☒ Approved
☐ Not Approved... Reason _____

 Principal/Immediate Supervisor Date _____

 Project Administrator Date _____

[Signature]
 Superintendent

Date: 2/12/19

Total number of previously approved days out of
 District for current school year 3

(This must be completed before obtaining Superintendent's approval of request.)

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**Name Nancy Uhls Charged to-Program/Code 00011071 - 0580 & 0338
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)Position Board Member School/Dept. Simpson County Schools Date 2/12/19Workshop/Conference Meeting 2019 KSBA Annual ConferenceDate(s): Feb. 21-24, 2019 Specific Location: Galt House City/State: Louisville, KYBrief description of activities: Networking and participating in workshops and general sessions.
Theme: "Educate, Equip, Empower"

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
 _____ an awareness level activity, X other (explain below):

Other (explanation): Workshops designed to enhance school board service & earn training credit hours

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>490.00</u> *
Lodging <u>3</u> night(s) at \$ 169.26 per night		\$ <u>550.17</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts	\$ <u>120.00</u>
	Lunches	
	Dinners	
Travel <u>272</u> miles (total) at 41¢ per mile		\$ <u>111.52</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ <u>-</u>
*\$75 meal tickets to be reimbursed	TOTAL ESTIMATED EXPENSES	\$ <u>1,271.69</u>

Signatures:

Employee

Date 2.12.19

Central Office Use:

☒ Approved☐ Not Approved... Reason _____

Principal/Immediate Supervisor

Date _____

Project Administrator

Date _____

Superintendent

Date: 2/12/19Total number of previously approved days out of
District for current school year 12

(This must be completed before obtaining Superintendent's approval of request.)

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**Name Heidi Estes Charged to-Program/Code 00011071 - 0580 & 0338
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)Position Board Member School/Dept. Simpson County Schools Date 2/12/19Workshop/Conference Meeting 2019 KSBA Annual ConferenceDate(s): Feb. 22-23, 2019 Specific Location: Galt House City/State: Louisville, KYBrief description of activities: Networking and participating in workshops and general sessions.
Theme: "Educate, Equip, Empower"

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
 _____ an awareness level activity, X other (explain below):

Other (explanation): Workshops designed to enhance school board service & earn training credit hours

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>390.00</u>
Lodging <u>2</u> night(s) at \$ _____ per night		\$ <u>366.77</u>
# of meals (reimbursed only with overnight stay) _____ Breakfasts		\$ <u>80.00</u>
	_____ Lunches	
	_____ Dinners	
Travel <u>272</u> miles (total) at 41¢ per mile		\$ <u>111.52</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>948.29</u>

Signatures:

Prepared by H. Estes Date 2.12.19
 Employee

Central Office Use:

✓ Approved
 _____ Not Approved... Reason

 Principal/Immediate Supervisor Date _____

 Project Administrator Date _____

Total number of previously approved days out of
 District for current school year 6

(This must be completed before obtaining Superintendent's approval of request.)

Superintendent

Date:

[Signature]
2/12/19