<u>Authorization</u> for **Out-of-District** Travel

Name <u>David Webster</u> <u>Charged to-Program/Code No Travel Expense</u> (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN	vi)
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: <u>Networking and participating in workshops and general sessi</u> Theme: "Educate, Equip, Empower"	ons.
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	1
Registration (@ member cost ONLY) \$_KSBA	_
Lodging night(s) at \$ per night \$ <u>KSBA</u>	
# of meals (reimbursed only with overnight stay) Breakfasts \$_KSBA	¥1.
Lunches	
Dinners	
Travel miles (total) at 41¢ per mile \$ KSBA	
Other (parking, cab fare, airfare, etc.):	
Substitute day(s) at \$84 per day (estimated) \$	
TOTAL ESTIMATED EXPENSES \$ No Travel	L
Signatures: Central Office Use:	
Employee Date 2.12.19 ApprovedNot Approved Reason	L
Principal/Immediate Supervisor	
Project Administrator Date	
Total number of previously approved days out of District for current school year 14	

Authorization for Out-of-District Travel

Name Jennifer Stone Charged to-Program/Code 000110' (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APP	71 - 0580 & 0338 ROVAL IS GIVEN)
Position Board Member School/Dept. Simpson County Schools Date	2/12/19
Workshop/Conference Meeting <u>2019 KSBA Annual Conference</u>	
Date(s): Feb. 21 – 24, 2019 Specific Location: Galt House City/State: L	ouisville, KY
Brief description of activities: <u>Networking and participating in workshops and Theme: "Educate, Equip, Empower"</u>	general sessions.
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 3 night(s) at \$ per night	\$ 550.17
# of meals (reimbursed only with overnight stay) Breakfasts	\$_120.00
Lunches	
Dinners	
Travel 278 miles (total) at 41¢ per mile	\$ _113.98
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 Us	se:
Employee Date 2.12.19 Approved Not Appro	ved Reason
Principal/Immediate Supervisor	
Project Administrator Date	
Total number of previously approved days out of District for current school year1 (This must be completed before obtaining Superintendent's approval of request.)	19

<u>Authorization</u> for **Out-of-District** Travel

(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BE	
Position Board Member School/Dept. Simpson County Schools	•
	2,22125
Workshop/Conference Meeting <u>2019 KSBA Annual Conference</u>	
Date(s): Feb. 21-24, 2019 Specific Location: Galt House City/S	State: Louisville, KY
Brief description of activities: <u>Networking and participating in worksh</u> Theme: "Educate, Equip, Empower"	nops and general sessions.
Activity is (check one):	
consistent with Consolidated Plan,consistent with my Pro	ofessional Growth Plan,
an awareness level activity, X other (explain below	y):
Other (explanation): Workshops designed to enhance school board service & earn	n training credit hours
ESTIMATED EXPENSES: TRAVEL REGULATION ON BACK OF FO	ORM AMOUNT
Registration (@ member cost ONLY)	\$_415.00
Lodging 3 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.):	\$
Substitute day(s) at \$84 per day (estimated)	\$
TOTAL ESTIMATED EXPEN	SES \$ <u>1,194.23</u>
Signatures: Central	Office Use:
	pproved ot Approved Reason
Principal/Immediate Supervisor	
Project Administrator Date Superint	endent
Total number of previously approved days out of District for current school year3 (This must be completed before obtaining Superintendent's approval of reque	2/12/17
(This must be combicted before obtaining superintendent's approval of reduc-	est.)

Name Nancy Uhls

Charged to-Program/Code <u>00011071 - 0580 & 0338</u>

Authorization for Out-of-District Travel

(ONLY ONE NAME PER REQUEST)	(THE PROGRAM/CODE MUST BE COMPLETED BEFORE	APPROVAL IS GIVEN)
Position Board Member	School/Dept. Simpson County Schools Date	te <u>2/12/19</u>
Workshop/Conference Meeting	2019 KSBA Annual Conference	
Date(s): Feb. 21-24, 2019	_Specific Location: <u>Galt House</u> City/State:	Louisville, KY
Brief description of activities:	Networking and participating in workshops er"	
Activity is (check one):		
consistent with Consolidate	ted Plan,consistent with my Profession	onal Growth Plan,
an awareness level activity	y, <u>X</u> other (explain below):	
Other (explanation): Workshops de	esigned to enhance school board service & earn train	ning credit hours
ESTIMATED EXPENSES: TI	RAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONL	Y)	\$ <u>490.00 *</u>
Lodging3 night(s) at \$ 169.20	6 per night	\$_550.17
# of meals (reimbursed only with o	vernight stay) Breakfasts	\$_120.00
	Lunches	
	Dinners	
Travel272 miles (total)	at 41¢ per mile	\$ _111.52
Other (parking, cab fare, airfare, e	tc.):	\$
Substitute day(s) at \$84 per o	day (estimated)	\$
*\$75 meal tickets to be reimbursed	TOTAL ESTIMATED EXPENSES	\$ <u>1,271.69</u>
Signatures:	Central Office	ce Use:
Employee Colon	Appro- Not Ap	ved oproved Reason
	Date	
Principal/Immediate Supervisor		
	Date	
Project Administrator	Superintende	ent t
Total number of previously approv District for current school year 1		12/19
	taining 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-P	rogram/Code <u>00011</u>	<u>071 - 0580 & 0338</u>
(ONLY ONE NAME PER REQUEST)	(THE PROGRAM/CODE MUST BI		ŕ
Position <u>Board Member</u>	School/Dept. <u>Simpson Co</u>	ounty Schools Date	2/12/19
Workshop/Conference Meeting _	2019 KSBA Annual Confer	ence	
Date(s): Feb. 22-23, 2019	Specific Location:Galt]	House City/State: L	ouisville, KY
Brief description of activities: _ Theme: "Educate, Equip, Empow	17.0 m ⁹ ?	ting in workshops an	
Activity is (check one):			
consistent with Consolidate	ated Plan,consis	tent with my Professions	al Growth Plan,
an awareness level activi	ity, X other	er (explain below):	
Other (explanation): Workshops	designed to enhance school boar	d service & earn trainin	g credit hours
ESTIMATED EXPENSES: T	TRAVEL REGULATION ON	BACK OF FORM	AMOUNT
Registration (@ member cost ON	LY)		\$ 390.00
Lodging 2 night(s) at \$	per night		\$ 366.77
# of meals (reimbursed only with	overnight stay)I	Breakfasts	\$ <u>80.00</u>
		Lunches	
]	Dinners	
Travel 272 miles (total) at 4	41¢ per mile		\$_111.52_
Other (parking, cab fare, airfare,	etc.):		\$
Substitute day(s) at \$84 per	day (estimated)		\$
	TOTAL ESTIM	ATED EXPENSES	\$ 948.29
Signatures:		Central Office	Use:
repared by h Clot	Date 2.12.19	Approve	d
Employee		Not Appi	roved Reason
The latest	Date		
Principal/Immediate Supervisor			
·	Date	($)$	
Project Administrator		Superintenden (7
Total number of previously approv	ved days out of	Date:	12/15
District for current school year		Date:	
(This must be completed before ob		proval of request.)	