

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 Expense to SCS
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. Simpson Co. Schools Date 6/12/19

Workshop/Conference Meeting 2019 KSBA Summer Leadership Institute

Date(s): July 12-13, 2019 Specific Location: Marriott Griffin Gate City/State Lexington, KY

Brief description of activities: Annual Conference

Activity is (check one):

consistent with Consolidated Plan, consistent with my Professional Growth Plan,

an awareness level activity, other (explain below):

Other (explanation): Designed to enhance school board service & earn required training credits

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

Signatures:

Prepared by [Signature] Date 6.12.19
Employee

Central Office Use:

____ Approved
____ Not Approved... Reason

____ Date _____
Principal/Immediate Supervisor

____ Date _____
Project Administrator

Superintendent

Total number of previously approved days out of District for current school year 0

Date: _____

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