

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 Co. Schools Date 6/17/19

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)		\$ <u>235.00</u>
Lodging <u>2</u> night(s) at \$ 145.00 per night		\$ <u>290.00+tax</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts	\$ <u>80.00</u>
	Lunches	
	Dinners	
Travel <u>351</u> miles (total) at 41¢ per mile		\$ <u>143.91</u>
Other (parking, cab fare, airfare, etc.): _____		\$ <u>-</u>
Substitute _____ day(s) at \$84 per day (estimated)		\$ <u>-</u>
TOTAL ESTIMATED EXPENSES		\$ <u>748.91 +tax</u>

Signatures:

Prepared by H. Crutcher Date 6.17.19
 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.)