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

Name David Webster	Cl	narged to-Program/Code <u>No Cha</u>	irge	
(ONLY ONE NAME PER REQUEST)		CODE MUST BE COMPLETED BEFORE AI	•	
Position Board Member	School/Dept.	Simpson Co. Schools Date 10	0/18/19	
Workshop/Conference Meeting	2019 KSBA Winte	r Symposium		
Date(s): 11/22/19-11/23/19	Specific Location:	Marriott Downtown City/State <u>L</u>	ouisville, KY	
Brief description of activities:	XSBA Conference			
Activity is (check one):				
consistent with Consolid	ated Plan,	consistent with my Professiona	l Growth Plan,	
an awareness level activ		X other (explain below):		
Other (explanation): Gain knowle and/or academy credit	dge and informatio	n for school board and earn mand	ated training hours	
ESTIMATED EXPENSES:	RAVEL REGULA	ATION ON BACK OF FORM	AMOUNT	
Registration (@ member cost ON	LY)		\$	
Lodging night(s) at \$	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)		\$	
	ТОТА	L ESTIMATED EXPENSES	\$ KSBA Expense	
Signatures:		Central Office Us	se:	
repared by Jane Ross	Date 10-18-19	Approved		
Employee	1		ved Reason	
+8W	Date /0/20/	15		
Principal/Immediate Supervisor	7 - 7			
	Date	45/1	7	
Project Administrator	-	824		
m. A. J		Superintendent	1-	
Total number of previously approved days out of District for current school year 0			7/7	
(This must be completed before obtaining Superintendent's approval of request.)				

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(ONLY ONE NAME PER REQUEST)	(THE PROCEDAMIC)	arged to-Program/Code <u>00011</u> 0 ODE MUST BE COMPLETED BEFORE A	DDDOVAL 10 CHIERR		
			•		
Position Board Member	Ѕспоог/Dept	Simpson Co. Schools Date 1	0/21/19		
Workshop/Conference Meeting 20	019 KSBA Winter	Symposium			
Date(s) 11/22/18 -11/23/18 Specific Location: Louisville Marriott City/State Louisville, KY					
Brief description of activities: _K	SBA Conference				
Activity is (check one):					
consistent with Consolidated Plan,consistent with my Professional Growth Plan,					
an awareness level activity,X other (explain below):					
Other (explanation): Gain knowledge and information for school board and earn mandated training hours and/or academy credit					
ESTIMATED EXPENSES: T	RAVEL REGULA	ATION ON BACK OF FORM	AMOUNT		
Registration (@ member cost ONLY)			<u>\$ 235.00</u>		
Lodging 2 night(s) at \$ 229.00 per night			\$ 338.00		
# of meals (reimbursed only with overnight stay) Breakfasts			\$ 80.00		
		Lunches			
	10-	Dinners			
Travel <u>268</u> miles (total) at 41¢ j	er mile	Dinners	\$ 109.8 <u>8</u>		
Travel <u>268</u> miles (total) at 41¢ p Other (parking, cab fare, airfare, 6	•		<u>\$ 109.88</u> \$		
	etc.):		\$ 109.88 \$ \$		
Other (parking, cab fare, airfare,	etc.):day (estimated)		\$		
Other (parking, cab fare, airfare,	etc.):day (estimated)		\$ \$ \$762.88		
Other (parking, cab fare, airfare, c Substitute day(s) at \$84 per	etc.):day (estimated)	L ESTIMATED EXPENSES Central Office	\$ \$ \$762.88 Use:		
Other (parking, cab fare, airfare, cab fare, cab fare, airfare, cab fare,	etc.):day (estimated) TOTA	L ESTIMATED EXPENSES Central Office Approve	\$ \$ \$762.88 Use:		
Other (parking, cab fare, airfare, e Substitute day(s) at \$84 per Signatures: Prepared by Jane Ross	day (estimated) TOTA Date	L ESTIMATED EXPENSES Central Office Approve	\$ \$ \$ <u>762.88</u> Use:		
Other (parking, cab fare, airfare, e Substitute day(s) at \$84 per Signatures: Prepared by Jane Ross	etc.):day (estimated) TOTA	L ESTIMATED EXPENSES Central Office Approve	\$ \$ \$ <u>762.88</u> Use:		
Other (parking, cab fare, airfare, of Substitute day(s) at \$84 per Signatures: Prepared by Jane Ross Employee	Date 10/2 4	L ESTIMATED EXPENSES Central Office Approve	\$ \$ \$ <u>762.88</u> Use:		
Other (parking, cab fare, airfare, of Substitute day(s) at \$84 per Signatures: Prepared by Jane Ross Employee	day (estimated) TOTA Date	L ESTIMATED EXPENSES Central Office Approve	\$ \$ \$ <u>762.88</u> Use:		
Other (parking, cab fare, airfare, e Substitute day(s) at \$84 per Signatures: Prepared by Jane Ross Employee Principal/Immediate Supervisor Project Administrator	Date	L ESTIMATED EXPENSES Central Office Approve	\$\$ \$\$ \$_762.88 Use: d roved Reason		
Other (parking, cab fare, airfare, e Substitute day(s) at \$84 per Signatures: Prepared by Jane Ross Employee Principal/Immediate Supervisor	Date	L ESTIMATED EXPENSES Central Office Approve Not Appr	\$\$ \$\$ \$_762.88 Use: d roved Reason		