

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

Position Board Member School/Dept. Simpson Co. Schools Date 10/18/19

Workshop/Conference Meeting 2019 KSBA Winter Symposium

Date(s): 11/22/19-11/23/19 Specific Location: Marriott Downtown City/State Louisville, KY

Brief description of activities: KSBA 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:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ _____
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)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>KSBA Expense</u>

Signatures:

Prepared by Jane Ross
 Employee

Date 10-18-19

JSR
 Principal/Immediate Supervisor

Date 10/20/19

Project Administrator

Date _____

Central Office Use:

☒ Approved
☐ Not Approved... Reason _____

JSR
 Superintendent

Date: 10/20/19

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

(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 Co. Schools Date 10/21/19

Workshop/Conference Meeting 2019 KSBA Winter Symposium

Date(s) 11/22/18 -11/23/18 Specific Location: Louisville Marriott City/State Louisville, KY

Brief description of activities: KSBA Conference

Activity is (check one):

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

☐ an awareness level activity, ☒ other (explain below):

Other (explanation): Gain knowledge and information for school board and earn mandated training hours and/or academy credit

ESTIMATED EXPENSES: TRAVEL REGULATION ON BACK OF FORM		AMOUNT
Registration (@ member cost ONLY)		\$ <u>235.00</u>
Lodging <u>2</u> night(s) at \$ 229.00 per night		\$ <u>338.00</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts	\$ <u>80.00</u>
	Lunches	
	Dinners	
Travel <u>268</u> miles (total) at 41¢ per mile		\$ <u>109.88</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>762.88</u>

Signatures:

Prepared by Jane Ross Date _____

Employee

[Signature]
Principal/Immediate Supervisor

Date 10/24/19

Project Administrator Date _____

Central Office Use:

☒ Approved
☐ Not Approved... Reason _____

[Signature]
Superintendent

Date: 10/24/19

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

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