

PERSONNEL

03.125 AP.21

**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/Cod 0011071-0580-0338  
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)Position Board member School/Dept. Simpson Co. Schools Date \_\_\_\_\_Workshop/Conference Meeting KSBA Annual ConferenceDate(s) May 14-16 Specific Location: Marriott City/State Louisville, KyBrief description of activities: workshops + general sessions to earn training credit hours

Activity is (check one):

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

\_\_\_\_\_ an awareness level activity, X other (explain below):

Other (explanation): \_\_\_\_\_

| ESTIMATED EXPENSES:  | TRAVEL REGULATION ON BACK OF FORM | AMOUNT            |
|--|-----------------------------------|-------------------|
| Registration (@ member cost ONLY)                                    |                                   | \$ <u>325.00</u>  |
| Lodging <u>3</u> night(s) at \$ <u>160.00</u> per night              |                                   | \$ <u>480.00</u>  |
| # of meals (reimbursed only with overnight stay) <u>3</u> Breakfasts |                                   | \$ <u>120.00</u>  |
|  | <u>3</u> Lunches                  |                   |
|  | <u>3</u> 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)                  |                                   | \$ _____          |
| <b>TOTAL ESTIMATED EXPENSES</b>                                      |                                   | \$ <u>1034.88</u> |

Signatures:

Prepared by J. Ross Date \_\_\_\_\_  
Employee\_\_\_\_\_  
Principal/Immediate Supervisor\_\_\_\_\_  
Project Administrator**Central Office Use:**✓ Approved  
\_\_\_\_ Not Approved... Reason \_\_\_\_\_JSH  
SuperintendentDate: 3/8/2021Total number of previously approved days out of  
District for current school year 0

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

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PERSONNEL

03.125 AP.21

**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/Cod. 0011071-0580+0338  
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board member School/Dept. \_\_\_\_\_ Date \_\_\_\_\_

Workshop/Conference Meeting KSBA Annual Conference

Date(s) May 14-16 Specific Location: Marriott City/State Louisville, KY

Brief description of activities: Workshops + general sessions to earn training credit hours

Activity is (check one):

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

\_\_\_\_\_ an awareness level activity, X other (explain below):

Other (explanation): \_\_\_\_\_

| ESTIMATED EXPENSES:                                       | TRAVEL REGULATION ON BACK OF FORM | AMOUNT            |
|---|-----------------------------------|-------------------|
| Registration (@ member cost ONLY)                         |                                   | \$ <u>325.00</u>  |
| Lodging <u>3</u> night(s) at \$ <u>160.00</u> per night   |                                   | \$ <u>480.00</u>  |
| # of meals (reimbursed only with overnight stay) <u>3</u> | Breakfasts                        | \$ <u>120.00</u>  |
|   | <u>3</u> Lunches                  |                   |
|   | <u>3</u> 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)       |                                   | \$ _____          |
| <b>TOTAL ESTIMATED EXPENSES</b>                           |                                   | \$ <u>1034.88</u> |

Signatures:

Prepared by J Ross  
Employee

Date \_\_\_\_\_

Principal/Immediate Supervisor

Date \_\_\_\_\_

Project Administrator

Date \_\_\_\_\_

Central Office Use:

☒ Approved  
☐ Not Approved... Reason \_\_\_\_\_

JSH  
Superintendent

Date: 3/8/2021

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

(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 Chrissy Cummings Charged to-Program/Code DD11D71-0338+0580  
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board member School/Dept. \_\_\_\_\_ Date \_\_\_\_\_

Workshop/Conference Meeting KSBA Annual Conference

Date(s): May 14-16 Specific Location: Marriott City/State Louisville, KY

Brief description of activities: workshops + general sessions to earn training credit hours

Activity is (check one):

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

\_\_\_\_\_ an awareness level activity, X other (explain below):

Other (explanation): \_\_\_\_\_

| ESTIMATED EXPENSES:  | TRAVEL REGULATION ON BACK OF FORM | AMOUNT                  |
|--|-----------------------------------|-------------------------|
| Registration (@ member cost ONLY)                                    |                                   | \$ <u>325.00</u>        |
| Lodging <u>2</u> night(s) at \$ <u>160.00</u> per night              |                                   | \$ <u>320.00</u>        |
| # of meals (reimbursed only with overnight stay) <u>2</u> Breakfasts |                                   | \$ <u>80.00</u>         |
| <u>2</u> Lunches   |                                   |                         |
| <u>2</u> 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)                  |                                   | \$ _____                |
| <b>TOTAL ESTIMATED EXPENSES</b>                                      |                                   | <b>\$ <u>834.88</u></b> |

Signatures:

Prepared by J. Ross

Employee

Date \_\_\_\_\_

Principal/Immediate Supervisor

Date \_\_\_\_\_

Project Administrator

Date \_\_\_\_\_

Central Office Use:

✓ Approved  
 \_\_\_\_\_ Not Approved... Reason \_\_\_\_\_

J. Ross  
 Superintendent

Date: 3/16/2021

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

(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 Tara Heinze Charged to-Program/Code 0011071-2580-4338  
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. \_\_\_\_\_ Date \_\_\_\_\_

Workshop/Conference Meeting KSBA Annual Conference

Date(s): May 14-16 Specific Location: Marriott City/State Louisville, KY

Brief description of activities: Workshops and general sessions to earn training credit hours

Activity is (check one):

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

\_\_\_\_\_ an awareness level activity, X other (explain below):

Other (explanation): \_\_\_\_\_

| ESTIMATED EXPENSES:  | TRAVEL REGULATION ON BACK OF FORM | AMOUNT           |
|--|-----------------------------------|------------------|
| Registration (@ member cost ONLY)                                    |                                   | \$ <u>325.00</u> |
| Lodging <u>1</u> night(s) at \$ <u>160.00</u> per night              |                                   | \$ <u>160.00</u> |
| # of meals (reimbursed only with overnight stay) <u>1</u> Breakfasts |                                   | \$ <u>40.00</u>  |
|  | <u>1</u> Lunches                  |                  |
|  | <u>1</u> 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)                  |                                   | \$ _____         |
| <b>TOTAL ESTIMATED EXPENSES</b>                                      |                                   | \$ <u>634.88</u> |

Signatures:

Prepared by J. Ross Date \_\_\_\_\_  
 Employee

\_\_\_\_\_  
 Principal/Immediate Supervisor

\_\_\_\_\_  
 Project Administrator

**Central Office Use:**

☒ Approved  
☐ Not Approved... Reason \_\_\_\_\_

J. Shl  
 Superintendent

Date: 3/16/2021

Total number of previously approved days out of District for current school year \_\_\_\_\_  
 (This must be completed before obtaining Superintendent's approval of request.)