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

Charged to-Program/Cod DOID7 1-D580+D338 (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN) (ONLY ONE NAME PER REQUEST) School/Dept. AMPSON Co. Schools Date Position Dura member Workshon/Conference Meeting City/State DUI & Specific Location: Brief description of activities: WDG Activity is (check one): consistent with my Professional Growth Plan, consistent with Consolidated Plan, other (explain below): an awareness level activity, Other (explanation): _ TRAVEL REGULATION ON BACK OF FORM **AMOUNT** ESTIMATED EXPENSES: Registration (@ member cost ONLY) Lodging 3 night(s) at \$ 160.00 per night # of meals (reimbursed only with overnight stay) **Breakfasts** Lunches **Dinners** Travel 228 miles (total) at 41¢ per mile Other (parking, cab fare, airfare, etc.): ____ Substitute _____ day(s) at \$84 per day (estimated) TOTAL ESTIMATED EXPENSES Central Office Use: Signatures: **Approved** Date ___ Not Approved... Reason Date Principal/Immediate Supervisor Date **Project Administrator** Superintendent Total number of previously approved days out of Date: District for current school year

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

PERSONNEL 03.125 AP.21

<u>Authorization for Out-of-District Travel</u> REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY

SIMPSON COUNTY BOARD OF EDUCATION

Name Name Per Request) Charged to-Program/Col. DO 11071-0580 + 0338 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)				
Position Board Mymber School/Dept Date				
Workshop/Conference Meeting KBA Annual Conference				
Date(s) My 14-16 Specific Location: Marriott City/State DM 87114 Py				
Brief description of activities: Work shops a 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, other (explain below):				
Other (explanation):				
ESTIMATED EXPENSES: TRAVEL REGULATION ON BACK OF FORM AMOUNT	1			
Registration (@ member cost ONLY) \$325.00)			
Lodging 3 night(s) at \$100.00 per night \$480.00				
# of meals (reimbursed only with overnight stay) Breakfasts \$ \langle 20.00				
Lunches				
<u>3</u> Dinners				
Travel 268 miles (total) at 41¢ per mile \$\frac{268}{26.88}				
Other (parking, cab fare, airfare, etc.):				
Substitute day(s) at \$84 per day (estimated) \$				
TOTAL ESTIMATED EXPENSES \$ 1034.8	8			
Signatures: <u>Central Office Use:</u>				
Repared by Ross Date Approved Not Approved Reason	l			
Date Date				
Principal/Immediate Supervisor Date Project Administrator Superintendent /				
Total number of previously approved days out of District for current school year				
(This must be completed before obtaining Superintendent's approval of request.)				

03.125 AP.21

Authorization for Out-of-District Travel

REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY

∧ SIMPS	ON COUNTY BOARI		2	
Name OSSA COMMON (ONLY ONE NAME PER REQUEST)	Charged THE PROGRAM/CODE M	to-Program/Code DI DT) UST BE COMPLETED BEFORE APP	- D338+ D580 ROVAL IS GIVEN)	
Position Bard Member				
Workshop/Conference Meeting	KSBA Annual	Conference		
Date(s): May 14-16 Spe	cific Location:	City/State 2	MISVII) H	
Brief description of activities: $\underline{\underline{\mathcal{W}}}$	orushops agene	ral Sessions to 10	arn training	
Activity is (check one):		Lives	314 1000113	
consistent with Consolid	ated Plan,c	onsistent with my Professional	Growth Plan,	
an awareness level activi	ty,	other (explain below):		
Other (explanation):),	
ESTIMATED EXPENSES: 1	RAVEL REGULATIO	N ON BACK OF FORM	AMOUNT	
Registration (@ member cost ON			\$ <u>325.00</u>	
Lodging A night(s) at \$ 1/2	per night		\$32000	
# of meals (reimbursed only with	overnight stay)	Breakfasts	\$ 8D.00	
Lunches				
0	_2	Dinners		
Travel 268 miles (total) at 41¢ per mile \$\frac{104.88}{2}\$				
Other (parking, cab fare, airfare,	etc.):		\$	
Substitute day(s) at \$84 per	day (estimated)		\$	
	TOTAL ES	FIMATED EXPENSES	\$ 834.88	
Signatures:		Central Office Us	<u>e:</u>	
Employee Employee	Date	Approved Not Approv	ved Reason	
Principal/Immediate Supervisor	Date			
Project Administrator	Date	Superintendent	7	
Total number of previously approx District for current school year (This must be completed before ob		Date: 3 / 16	2021	

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 Charged to-Program/Code ODID71-D580 + 0338 (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN) (ONLY ONE NAME PER REQUEST) Position DM 7 // School/Dept. Date Workshop/Conference Meeting KSAA Specific Location: 12400 6H Brief description of activities: MD Activity is (check one): consistent with my Professional Growth Plan, consistent with Consolidated Plan, an awareness level activity, other (explain below): Other (explanation): TRAVEL REGULATION ON BACK OF FORM **AMOUNT ESTIMATED EXPENSES:** Registration (@ member cost ONLY) Lodging / night(s) at \$ \(\text{\text{\$\infty}}\) per night # of meals (reimbursed only with overnight stay) **Breakfasts** Lunches **Dinners** Travel 268 miles (total) at 41¢ per mile Other (parking, cab fare, airfare, etc.): Substitute day(s) at \$84 per day (estimated) TOTAL ESTIMATED EXPENSES Central Office Use: Signatures: Approved Not Approved... Reason Date

Project Administrator

Date _____
Superintendent/

Date: 3

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

Principal/Immediate Supervisor

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