

# ***Floyd County Schools***

## ***Superintendents Travel & Timesheet***

***For the Month Ending of  
January 2022 & Travel for February-  
March 2022***

***Presented to the Floyd County Board of Education,  
meeting in Regular session  
February 28, 2022***



# Floyd County Schools

## Salaried Time and Attendance Certification/Affidavit

C= Contract  
NC= Non Contract  
P= Personal  
S= Sick  
E= Emergency  
H= Holiday  
SC= School Closed  
PD= Professional  
JD= Jury Duty

Employee Number 12717

School/Location C.O.

Employee Name Anna Shepherd

Month/Year 1/2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	C 3	C 4	C 5	C 6	E 7	DAY 8
DAY 9	C 10	C 11	C 12	C 13	C 14	DAY 15
DAY 16	C 17	C 18	C 19	C 20	C 21	DAY 22
DAY 23	C 24	C 25	C 26	C 27	C 28	DAY 29
DAY 30	C 31	DAY	DAY	DAY	DAY	DAY

I hereby affirm and attest that the information I have provided is true and, under the provision of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

THIS Period TOTAL YTD

Employee Signature Anna Shepherd Date 1-31-22

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Contract Days	<u>20</u>	<u>127.5</u>
Total Holidays		<u>5</u>
Total PD Days		
Total Sick Days	<u>2</u>	<u>2</u>
Total Personal Days		<u>0</u>
Total Emergency	<u>1</u>	<u>1</u>

This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.

Total Paid Days	<u>143.5</u>
Total Non-Contract	<u>7.5</u>

# Travel Request Form

## Floyd County Schools

Name Anna Shepherd

SSN#

Employee School/Location

Central Office/Eastern, KY

Conference/Workshop, City &amp; State

KSBA 2022 Annual Meeting/Marriott, Louisville KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	02/23/22	4:00pm	FROM	Stanville
RETURN	02/27/22	3:00pm	TO	Marriott, Louisville, KY

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

			ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.44 per mile)	MILEAGE RATE(01-01-22 THRU 03-31-22)	\$ 0.44	370	\$ 162.80
Bus/Airfare	Amount Per Day			
Subsistence (Overnight stay required)	Amount Per Day			\$ 72.00
Lodging (Do not include direct billing to BOE)	Amount Per Day			
Miscellaneous Reimbursable Expenses				
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED				\$ 234.80

**Statement of Rationale for Attendance**

Signature of Applicant

Date

Signature of Superintendent/Designee

Date

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00  
 (B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M.--\$10.00  
 (C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M.--\$18.00  
 (D) Save receipts for tolls, parking, fees, etc over \$2.00 and lodging receipts for attachment of expense reimbursement form.  
 (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.



# Travel Request Form

## Floyd County Schools

Name Anna Shepherd

SSN#

Employee School/Location

Central Office/Eastern KY

Conference/Workshop, City &amp; State

Meade County School Visit/Meade County KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/14/22	4:00pm	FROM	Eastern
RETURN	03/16/22	4:00pm	TO	Meade County

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075			TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

Mileage (@ \$ 0.44 per mile)

MILEAGE RATE(01-01-22 THRU 03-31-22)

ENTER MILES OR NUMBER OF DAYS	Amounts requested
\$ 0.44	\$ -
Amount Per Day	
Amount Per Day	\$ 72.00
Amount Per Day	

Bus/Airfare

Subsistence (Overnight stay required)

Lodging (Do not include direct billing to BOE)

Miscellaneous Reimbursable Expenses

TOTAL ESTIMATED EXPENSES TO BE REIMBURSED \$ 72.00

**Statement of Rationale for Attendance**

Signature of Applicant

Date

Signature of Superintendent/Designee

Date

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00  
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 (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.



# Travel Request Form

## Floyd County Schools

Name Anna Shepherd

SSN#

Employee School/Location

Central Office/Eastern KY

Conference/Workshop, City &amp; State

Cohort 10-Capstone/Lexington &amp; Academic State Finals/Louisville KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/16/22	4:00pm	FROM	Staffordsville
RETURN	03/21/22	4:00pm	TO	Lexington-Louisville

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

Mileage (@ \$ 0.44 per mile)

MILEAGE RATE(01-01-22 THRU 03-31-22)

ENTER MILES OR NUMBER OF DAYS	Amounts requested
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\$ 0.44	380	\$ 167.20
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Bus/Airfare

Amount Per Day

Subsistence (Overnight stay required)

Amount Per Day

\$ 180.00

Lodging (Do not include direct billing to BOE)

Amount Per Day

Miscellaneous Reimbursable Expenses

TOTAL ESTIMATED EXPENSES TO BE REIMBURSED \$ 347.20

**Statement of Rationale for Attendance**

Signature of Applicant

Date

Signature of Superintendent/Designee

Date

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