Floyd County Schools

Superintendents Travel **Example Timesheet**

RETAIL TO THE SET OF THE REAL PROOF AND AREA RESERVED TO THE REAL PROOF THE REAL

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

man of the standing of the

Floyd County Schools Salaried Time and Attendance Certification/Affidavit									
Employee Number	Saiari 12717	iea_i ime ana A			0,	P= Personal S= Sick E= Emergency			
Employee Name	\ d	herd			2022	H= Holiday SC= School Closed PD= Professional JD= Jury Duty			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
DAY	DAY	DAY	DAY	DAY	DAY	DAY			
		<u> </u>	<u> </u>		l 				
DAY	DAY	DAY	DAY 5	DAY	DAY	DAY,			
	C	C -	C	C -	ع ا				
DAY 9	DAY	DAY	DAY	DAY	727	JDAY JS			
		C			C				
DAY 16	DAY	DAY 18	744	248	<u>2</u>	2 ^A 3			
\				C					
DAY 23	PAY	DAY	DAY	DAY 27	C 28	DAY 29			
			ر لمهد						
DAY 38	C BAY	DAY	DAY	DAY	DAY	DAY			
		L	<u> </u>	<u> </u>	l				
I hereby affirm and atte	est that the information I h	ave provided is true and	under the provision of law	y and Roard policy, qualify	as me to take the leave				
	ited. I understand that if I			THIS Period TOTAL YTD					
Employee Signature	Duna Sh	Total Contract Days Total Holidays							
			Date	1-31-22	Total PD Days				
Supervisor Signature		Total Sick Days Total Personal Days							
	Total Emergency								
ınıs ауулааvıt is esse	ntial for payroll purpo by the Pr	Total Paid Days Total Non-Contract							

REV	1320 6/21/01			Travel Request Form Floyd County Schools				
Name	Anna Shepherd							
				Employee School/Location				
	Central Offi	ice/Easter	n, KY					
			C	onference/Workshop, City & State				
	KSBA 2022 A	nnual Meetii	ng/Marriott, Lou	uisville KY				
	DATE	TIME		TRAVEL LOCAT	TIONS			
DEPARTURE		4:00pm	FROM	Stanville				
RETURN	02/27/22 JNIS CODIN	3:00pm	то	Marriott, Louisville, KY				
ORG	OBJECT		DISCRIPTION			_		
		PROJECT				4		
0011075	0580		TRAVEL			1		
	0585		SUBSISTE	NCE				
	0586		LODGING			1		
			OTHER			1		
		E		mployee Expenditure Reimburse	ement			
				,		ENTER MILES OR NUMBER OF DAYS		nounts uested
Mileage (@	② \$ 0.44 per	mile)		MILEAGE RATE(01-01-22 THRU 03-31-22)	\$ 0.44			162.80
Bus/Airfar	'e			Amount Per Day		V- 60-	_	102.00
Subsisten	Ce (Overnight sta	av required)		Amount Per Day			\$	72.00
	o not include direc		١			-	Ф	72.00
	eous Reimb			Amount Per Day				
		REIMBURSED	\$	234.80				
				TO THE ESTIMATED EXILE	NOLO TO BI	- KLIMBOKSED	Ψ	234.00
			Staten	nent of Rationale for Attendance				
						W		
Man	n (a)	St	بممامه	ار			2-1	& ንን
Signature of	Applicant			4		•	XI	Date
	Superintende							Date
(B) LUNCH AU (C) DINNER A (D) Save recei	JTHORIZED TR UTHORIZED TR	RAVEL 11:00 RAVEL 5:00 I arking, fees,	A.M. THROUGH P.M. THROUGH etc over \$2.00	DUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 I 9:00 P.M\$18.00 and lodging receipts for		Floyd County	A ROS	OTTO STREET

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

REV	/ISED 8/21/01			Travel Peguant Form					
				Travel Request Form Floyd County Schools					
				ricya county schools					
Name	Anna Shepherd								
				Employee School/Location	/ 5				
	Central Of	fice/Easter	n KY						
			С	onference/Workshop, City & State		-			
	Meade Coun	ty School Vis	sit/Meade Cour	nty KY					
	DATE	TIME		TRAVEL LOCA	TIONS	_			
DEPARTURE		4:00pm	FROM	Eastern					
RETURN	03/16/22 JNIS CODII	4:00pm	то	Meade County					
ORG	OBJECT		DISCRIPTION				1		
0011075			TRAVEL						
	0585		SUBSISTE	NCE		_			
	0586			NCE					
	0300		LODGING						
		E	OTHER	mployee Even and it was Bailed					
		_	Sumateu L	mployee Expenditure Reimburs	ement		ENTER MILES	A	
							OR NUMBER OF	Or History	ounts rested
Mileage (@	2) \$ 0.44 per	mile)		MILEAGE RATE(01-01-22 THRU 03-31-22)	\$ 0	.44	DAYS	\$	resteu
Bus/Airfar	e			Amount Per Day	·			Ψ	
Subsisten	Ce (Overnight st	ay required)		Amount Per Day				\$	72.00
Lodging (D	o not include direc	t billing to BOE)		Amount Per Day				φ	72.00
Miscellane	ous Reimb	ursable E	xpenses	Amount of Day					
				TOTAL ESTIMATED EXPE	NSES TO	BE	REIMBURSED	\$	72.00
			Staten	nent of Rationale for Attendance					
			Otaton	iont of Nationale for Attendance	;				
					-				
A		٠, ٢							
A	ana le hita	ken Front	1010						
Signature of	Applicant	1					-	0	ate
Signature of	Superintende	ent/Designee	,						ate
A) BREAKFA:	ST AUTHORIZE	D TRAVEL 6	:30 A.M. THRO	UGH 9:00 A.M\$8.00					
B) LUNCH AU	THORIZED TR	AVEL 11:00 A	A.M. THROUGH	2:00 P.M\$10.00 9:00 P.M\$18.00			Flower Control	ST PEN	
D) Save recei	pts for tolls, pa	arking, fees, e	etc over \$2.00 a	9:00 P.M\$18.00 and lodging receipts for			Country		
attachmen	t of expense re	eimbursemen	t form.	.5 .5			5	7	+

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

REV	VISED 8/21/01			Travel Request For						
				Floyd County School	III Me					
				toya county conoc	/13	_	,×			
Name	Anna Shepherd									
			*	Employee School/Location						
	Central Of	fice/Easter	A. S. II. S.							
				onference/Workshop, City & S	State					
	Cohort 10-Ca		ngton & Acade	mic State Finals/Louisville KY						
DEPARTURE	DATE 03/16/22	4:00pm			VEL LOCA	TIONS				
RETURN		4:00pm	FROM TO	Staffordsville Lexington-Louisville						
MU	JNIS CODI									
ORG	OBJECT	PROJECT	DISCRIPTION					1		
0011075	0580		TRAVEL					1		
	0585		SUBSISTE	NCE				1		
	0586		LODGING					1		
			OTHER					1		
		E	stimated E	mployee Expenditure Rei	imburs	ement				
								ENTER MILES OR NUMBER OF	Ar	nounts
Mileage (@	② \$ 0.44 pe	r mile)						DAYS	rec	uested
Bus/Airfar		i iiiic)		MILEAGE RATE(01-01-22 THRU		\$	0.44	380	\$	167.20
	Ce (Overnight st	Ou soquised)		Amou	nt Per Day					
	o not include direc			Amou	nt Per Day				\$	180.00
	ous Reimb			Amour	nt Per Day					
		aroubic L	Apenaea	TOTAL ESTIMATE	D EVDE	NCEC T	0 DE	DEMARURATE	•	0.17.00
				TOTAL LOTHIATE	L LAFE	NOES I	O BE	KEIMBURSED	\$	347.20
			Statem	ent of Rationale for Atte	ndance)				
	5									_
A	me (hitr	ken Fro	rero							
Signature of	Applicant	1								Date
Signature of	Superintende	nt/Designee						-		Date
A) BREAKFAS	ST AUTHORIZE	D TRAVEL 6	:30 A.M. THRO	JGH 9:00 A.M\$8.00						
B) LUNCH AU	THORIZED TR	AVEL 11:00 A	A.M. THROUGH	2:00 P.M\$10.00				Street & Beer	W AU	
D) Save receip	pts for tolls, pa	rking, fees, e	etc over \$2.00 a	9:00 P.M\$18.00 nd lodging receipts for				Country	1	
attachment	t of expense re	imbursemen	t form.	-3g 101				77		4

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