Floyd County Schools

Superintendents Travel & Timesheet

For the Month Ending in May 2022 & Travel for May and July 2022

Presented to the Floyd County Board of Education, meeting in Regular session June 27, 2022

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Salai	Floy ried Time and A	ıd County Scho Attendance Ce		davit	C= Contract NC= Non Contr P= Personal	act
Employee Number				nool/Location Crist	ral office	S= Sick E= Emergency H= Holiday	
Employee Name	Anna Shep	hend		Month/Year Mo	W 2022	SC= School Clo PD= Profession JD= Jury Duty	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sati	urday
DAY	DAY	DAY	DAY	DAY 5	DAY		DAY
	\sim		NC	C	NO -		
DAY	DAY	DAY	DAY	PAY	DAY J3		DAY
DAY	5 AS DAY	DAY 17	DAY	DAY 19	DAY 20		DAY
	.51	C ₂	(Ć	C		
DAY	DAY 23	DAY 24	DAY 25	2 DAY	2 ^{PAY}		DAY
ğ	<u>_</u>	K)	2	-	C		
DAY	DAY 30	DAY 31	DAY	DAY	DAY		DAY
	H	<i>U</i> : C					
DAY	DAY	DAY	DAY	DAY	DAY		DAY
		nave provided is true and, u have provided information				THIS Period	TOTAL YTD
Employee Signature					Total Contract Days Total Holidays	17.5	
					Total PD Days		
Comanda - Ci			_ ~		Total Sick Days	1.5	8
Supervisor Signature			Date		Total Personal Days Total Emergency		,
This affidavit is esse	ntial for payroll purpo	ses. Please fill out the	form with care and r	eturn it as directed	Total Paid Days		2125

by the Principals/Director/Supervisor.

Total Non-Contract

REVI	SED 8/21/01			Travel Request Fo				
Name	Anna Shepl	herd		•		SSIL#		
	·			Employee School/Locati	on			
	Superintend	dent/Centra	al Office					
				onference/Workshop, City &	& State			
	BLHS & FCHS	S Graduation	Parades					
	DATE	TIME		Т	RAVEL LOCAT	IONS		
DEPARTURE	05/24/22	12:00pm	FROM	Floyd County Line		1.50 1940 2004		
RETURN		8:30pm	то	BLHS Parade Routes and F	CHS Area Pa	arade Routes		
	INIS CODIN						i	
ORG	OBJECT	PROJECT	DISCRIPTION					
0011075	0581		TRAVEL					
	0585		SUBSISTE	NCE				
	0586		LODGING					
			OTHER				1	
		E		mployee Expenditure I	Reimburse	ement		
							ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@	0 \$ 0.49 per	mile)		MILEAGE RATE(04-01-22 TH	HRU 06-30-22)	\$ 0.49	166	\$ 81.34
Bus/Airfar	e			Ar	nount Per Day			
Subsisten	Ce (Overnight sta	ay required)		Ar	mount Per Day			
	o not include direc		K.		nount Per Day			
	ous Reimb			21	lount to buy			
				TOTAL ESTIMA	ATED EXPE	NSES TO BE	REIMBURSED	\$ 81.34
				- K				
			Ctata	mant of Dotionals for A	44			
			State	ment of Rationale for A	ttendance			
Signature of	MAS Applicant	heph	end					5-23-21 Date
							,	
Signature of	Superintende	ent/Designe	е					Date
(B) LUNCH A (C) DINNER A (D) Save rece	UTHORIZED TE UTHORIZED T	RAVEL 11:00 RAVEL 5:00 parking, fees,	A.M. THROUG P.M. THROUG etc over \$2.00	OUGH 9:00 A.M\$8.00 iH 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for			Floyd County School	To Page 10

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

45 days after travel has been completed.

			FLC	OYD C	OUNTY SCHOOLS TRAVEL EXP	ENSE V	OUCHER	7		Name of the last o
	Name Anna Shepherd 488 East Dorton BLVD								(Silver	All Abord Miles
				orton BLVD					· ·	WILL)
City	Staffor	dsville			STATE	KY	ZIP	Г		
OF		OBJECT	PROJECT			PARTMENT/PR		۰		
0011075		0581								
		_								
DA	TE	TIME	OF		TRAVEL LOCATIONS				SUBSISTENCE	DAILY TOTAL
МО	5	DEPARTURE	12:00pm	FROM	Floyd County Line	PRIVATE AUTO MILEAGE	LODGING	В		LODGING &
DAY	22	RETURN		то	BLHS Area Parade Route/FCHS Parade Route	83		L		SUBSISTENCE
Purpose								D		
DA	TE	TIME	OF		TRAVEL LOCATIONS					
	5				BLHS Area Parade Route/FCHS Parade Route	PRIVATE AUTO	LODGING		SUBSISTENCE	DAILY TOTAL
МО		DEPARTURE		FROM				В		LODGING &
DAY	22	RETURN	8:30pm	то	Floyd County Line	83		L		SUBSISTENCE
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DA	TE	TIME	OF		TRAVEL LOCATIONS				SUBSISTENCE	DAILY TOTAL
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DAY		RETURN		то				L		SUBSISTENCE
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DA	TE	TIME	OF		TRAVEL LOCATIONS	PRIVATE AUTO	LODGING		SUBSISTENCE	DAILY TOTAL
МО		DEPARTURE		FROM		MILEAGE	LODGING	В		LODGING &
DAY		RETURN		то				L		SUBSISTENCE
Purpose								D		
					TOTAL FOR ALL COLUMNS THIS PAGE	166			\$ -	
					TOTAL FOR CONTINUATION PAGES OF COLUMNS			ł		
I hereby	certify, su	ibject to the pi	rovisions o	f KRS 523.	100 (unsworn falsification to authorities),	TOTAL MILEAGE ALL PAGES	166		@ \$ 0.49 PER MILE	\$ 81.34
that the a	bove are	proper charge	es in the di	scharge of	official business and that all data					
				-	of my knowledge.			ř.	odging/Meals	\$
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			N	9 75	SI Wash					
Traveler	s Signatu	re/Date	171	UNQ.	Shopherd 5-23-23		Miscella	anec	ous Expenses	
					•					¢ 04.24
Supervis	or's Signa	ature/Date					GRAND TOTA	L TO	BE REIMBURSED	\$ 81.34

KEV	13ED 0/21/01			Floyd County Schools					
				,	\\ \overline{\pi_{\iniii\tine{\pi_{\overline{\app_{\iniii}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	*			
Name	Anna Shep	herd			18				
				Employee School/Location					
	Superinten	dent/Centr	al Office						
			Co	onference/Workshop, City & State					
	PHS Graduat	ion Parade							
	DATE	TIME		TRAVEL LOCA	TIONS				
DEPARTURE			FROM	Floyd County Line					
RETURN		10	то	PHS Parade Route					
	INIS CODIN			£			ľ		
ORG	OBJECT	PROJECT	DISCRIPTION				1		
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	0586		LODGING						
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		E		mployee Expenditure Reimburs	ement	:	•		
							ENTER MILES OR NUMBER OF DAYS	Amo reque	unts ested
Mileage (@ \$ 0.49 pe	r mile)		MILEAGE RATE(04-01-22 THRU 06-30-22)	\$	0.49	40	\$	19.60
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	ICE (Overnight st	tay required)		Amount Per Da					
	Do not include dire		١						
	eous Reimi			Amount Per Da					
Misconan	cous remin	Jui Jubio L	-xponoco	TOTAL ESTIMATED EXP	ENSES '	TO BE	REIMBURSED	\$	19.60
			Stater	nent of Rationale for Attendand	е				
Signature o	Ma (whit	ake S	Repherd	-		4	<u>///</u>	2) ate
					_				
Signature o	f Superintend	lent/Design	ee					D	ate
				OUGH 9:00 A.M\$8.00			A Da	Gen	
				H 2:00 P.M\$10.00 H 9:00 P.M\$18.00			Floyd Course	5 788	A
				and lodging receipts for			Station of	5	6

attachment of expense reimbursement form.

45 days after travel has been completed.

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

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			FLC	YD C	OUNTY SCHOOLS TRAVEL EXP	ENSE V	OUCHER			Supply Supply
	Name								an.	Mi Abusti Mila
Home	Addre	ss							***	IVIII)
City					STATE		ZIP			
OR	G	OBJECT	PROJECT		SCHOOL/DE	PARTMENT/PR	OGRAM			
	_									
DA ⁻	ΓE	TIME	OF		TRAVEL LOCATIONS	PRIVATE AUTO	Language		SUBSISTENCE	DAILY TOTAL
MO	8	DEPARTURE		FROM	Floyd County Line	MILEAGE	LODGING	В		LODGING &
DAY	27	RETURN		то	PHS Parade Route		L		SUBSISTENCE	
Purpose								D		
DA	TE	TIME	OF		TRAVEL LOCATIONS				SUBSISTENCE	DAILY TOTAL
мо	8	DEPARTURE		FROM	PHS Parade Route	PRIVATE AUTO MILEAGE	LODGING	В		LODGING &
DAY	27	RETURN		то	Floyd County Line	20		L		SUBSISTENCE
Purpose								D		
DA	TE	TIME	OF		TRAVEL LOCATIONS	PRIVATE AUTO	LODGING		SUBSISTENCE	DAILY TOTAL
МО		DEPARTURE		FROM		MILEAGE		В		LODGING &
DAY		RETURN		то				L		SUBSISTENCE
Purpose								D		
DA	TE	TIME	OF		TRAVEL LOCATIONS				SUBSISTENCE	DAILY TOTAL
МО		DEPARTURE		FROM		PRIVATE AUTO MILEAGE	LODGING	В		LODGING &
DAY		RETURN		то				L		SUBSISTENCE
Purpose								D		
DA	TE	TIME	OF		TRAVEL LOCATIONS				SUBSISTENCE	DAILY TOTAL
	15		OF		TRAVEL LOCATIONS	PRIVATE AUTO	LODGING	В	SUBSISTENCE	DAILY TOTAL
МО		DEPARTURE		FROM		MILLAGE			-	LODGING &
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Purpose								D		
DA	TE	TIME	OF		TRAVEL LOCATIONS	PRIVATE AUTO			SUBSISTENCE	DAILY TOTAL
МО		DEPARTURE		FROM		MILEAGE	LODGING	В		LODGING &
DAY		RETURN		то				L		SUBSISTENCE
Purpose								D		
					TOTAL FOR ALL COLUMNS THIS PAGE				\$ -	
					TOTAL FOR CONTINUATION PAGES OF COLUMNS					
I hereby	certify, s	ubject to the p	rovisions o	f KRS 523.	100 (unsworn falsification to authorities),	TOTAL MILEAGE ALL PAGES	40		@ \$ 0.49 PER MILE	\$ 19.60
that the a	bove are	proper charge	es in the di	scharge of	official business and that all data					
				_				1	odging/Meals	\$ -
turnished	nerewit	nin are true an	u correct t	o uie pest (of my knowledge.				- aging/ivicals	*
			Λ.	1100	w. Shephard		Minaglia	200	ue Evnonos	
Traveler	s Signatu	ire/Date	140	Wa	w. oreginal	1	iviisceila	nec	us Expenses	
Supervie	or's Sign	ature/Date			·		GRAND TOTAL	_ TO	BE REIMBURSED	\$ 19.60
Supervis	or's Sign	ature/Date					GRAND TOTAL	LTO	BE REIMBURSED	a 19.60

REVI	SED 8/21/01			Travel Request Fo						
Name	Anna Shep	herd		•		SH	ķ			
				Employee School/Location	on					
	Central Off	ice-Superir	ntendent/Eas	stern, KY						
		•		onference/Workshop, City &	State					
	Shipley Train	ina/Lexinator	Central Bank.	Lexington, KY						
	DATE	TIME			RAVEL LOCAT	IONS				
DEPARTURE	07/13/22	8:00am	FROM	Staffordsville, KY						
RETURN	07/14/22	7:00pm	то	Lexington, KY						
20.00000	INIS CODII							r		
ORG	OBJECT	PROJECT	DISCRIPTION							
0011075	0580		TRAVEL							
	0585		SUBSISTE	NCE						
	0586		LODGING							
			OTHER							
		F	A Company of the Comp	mployee Expenditure F	Reimburs	ement				
		_		nproyec Experience :				ENTER MILES OR NUMBER OF DAYS		nounts uested
Mileage (@	② \$ 0.49 pe	er mile)		MILEAGE RATE(04-01-22 TH	IRU 06-30-22)	\$	0.49	220	\$	107.80
Bus/Airfar	re			An	nount Per Day					
	ICE (Overnight s	tav required)			nount Per Day				\$	54.00
	o not include dire		`		nount Per Day				<u> </u>	000
	eous Reim			011	nount Fer Day					
Milocomani	oodo rtomi	Buildubio E	жронооо	TOTAL ESTIMA	ATED EXPE	NSES T	о ве	REIMBURSED	\$	161.80
			Stater	nent of Rationale for A	ttendance	•				
<u></u>	f Applicant	Slep	had			-		(<i>[4]</i>	14/22 Date
Signature o	f Superinten	dent/Design	ee			•				Date
(B) LUNCH A	UTHORIZED T	TRAVEL 11:00 TRAVEL 5:00	A.M. THROUG P.M. THROUG	OUGH 9:00 A.M\$8.00 6H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 D and lodging receipts for				Floye County Spinos	S S	Same

attachment of expense reimbursement form.

45 days after travel has been completed.

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

REVI	SED 8/21/01			Travel Request Form Floyd County Schools						
Name	Anna Shep	herd		-		15	7#			
				Employee School/Location						
	Board Mem	ber Centra	al Office/Eas	stern, KY						
				onference/Workshop, City & State	9					
	KSBA Summe	er Leadership	p Institute							
	DATE	TIME		TRAVEL	LOCAT	IONS				
DEPARTURE	07/15/22	10:00am	FROM	Staffordsville						
RETURN	07/16/22 INIS CODIN	7:00pm	то	Lexington						
ORG	OBJECT		DISCRIPTION					ı		
0011075	0580	. NOUZO!	TRAVEL							
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	0586		LODGING	NOL						
	0000		OTHER							
		E		mployee Expenditure Reimb	burse	ment				
				.,,				ENTER MILES OR NUMBER OF DAYS		ounts uested
Mileage (@	2 \$ 0.49 per	· mile)		MILEAGE RATE(04-01-22 THRU 06-3	30-22)	\$	0.49	222	\$	108.78
Bus/Airfar	е			Amount Pe	er Day					
Subsisten	Ce (Overnight sta	ay required)		Amount Pe	er Day				\$	54.00
Lodging (D	o not include direc	t billing to BOE))	Amount Pe	er Day					
Miscellane	ous Reimb	ursable E	xpenses		٠.					
				TOTAL ESTIMATED I	EXPE	NSES T	го ве	REIMBURSED	\$	162.78
			Staten	nent of Rationale for Attend	ance					
Au Signature of	MG U Applicant	, . SL	epher					9	/e//	3/22 Date
Signature of	Superintende	ent/Designe	e							Date
										Jale
(B) LUNCH AU (C) DINNER A (D) Save recei	JTHORIZED TR UTHORIZED TI	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 I 2:00 P.M\$10.00 I 9:00 P.M\$18.00 and lodging receipts for	_			Floyd County School	as real	Bull

(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 Request Form Floyd County Schools				
Name	Anna Shep	herd			SH#			
	· · · · · · ·			Employee School/Location				$\neg \neg$
	Central Offi	ice-Superi	ntendent/Ea	stern KY				
	Contrar Cin	ос сарот		onference/Workshop, City & State				
	Cohort 10 Co	netone and h		eadership Institute/Louisville, KY		10		
	DATE	TIME	MOM Annual I	TRAVEL LOCA	TIONS			-
DEPARTURE		8:00am	FROM	Staffordsville, KY	110143			
RETURN	07/29/22	7:00pm	то	Lexington, KY				
MU	INIS CODIN	NG						
ORG	OBJECT	PROJECT	DISCRIPTION]		- 1
0011075	0580		TRAVEL			1		- 1
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				,,,,,		1		
	0586		LODGING			1		- 1
			OTHER					
		E	stimated E	mployee Expenditure Reimburs	ement	ENTER MILES OR NUMBER OF DAYS		ounts uested
Mileage (6	@ \$ 0.49 per	r mile)		MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49	380		186.20
Bus/Airfai		,				500	Ψ	100.20
	ICE (Overnight st			Amount Per Day			_	111 00
				Amount Per Day			\$	144.00
	o not include direc			Amount Per Day				
Miscellan	eous Reimb	oursable E	xpenses				_	202.00
				TOTAL ESTIMATED EXP	ENSES TO BE	REIMBURSED	\$	330.20
			Stater	nent of Rationale for Attendanc	e			
								$\overline{}$
Du	mali	ر ال	heehe	λd	_		6/1	4/22
Signature o	f Applicant		9.0		_		,	Date
	f Superintend							Date
(B) LUNCH A (C) DINNER A (D) Save rece attachme	UTHORIZED TI AUTHORIZED T eipts for tolls, p ent of expense	RAVEL 11:00 FRAVEL 5:00 parking, fees reimburseme	A.M. THROUG P.M. THROUG , etc over \$2.00 ent form.	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for		Floye County School	THE LEGISLA	Name of the last

45 days after travel has been completed.