

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***



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 Central Office

Employee Name Anna Shepherd

Month/Year May 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY 2 C	DAY 3 C	DAY 4 NC	DAY 5 C	DAY 6 NC	DAY
DAY	DAY 9 C	DAY 10 C	DAY 11 C	DAY 12 C	DAY 13 C	DAY
DAY	DAY 16 5C 5AS	DAY 17 C	DAY 18 C	DAY 19 C	DAY 20 C	DAY
DAY	DAY 23 C	DAY 24 AS	DAY 25 C	DAY 26 C	DAY 27 C	DAY
DAY	DAY 30 H	DAY 31 C	DAY	DAY	DAY	DAY
DAY	DAY	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 _____

Date _____

Supervisor Signature _____

Date _____

Total Contract Days	17.5	198.5
Total Holidays	1	5
Total PD Days		
Total Sick Days	1.5	8
Total Personal Days		
Total Emergency		1
Total Paid Days		212.5
Total Non-Contract	2	9.5

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

Travel Request Form

Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Superintendent/Central Office

Conference/Workshop, City & State

BLHS & FCHS Graduation Parades

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/24/22	12:00pm	FROM	Floyd County Line
RETURN	05/24/22	8:30pm	TO	BLHS Parade Routes and FCHS Area Parade Routes

MUNIS CODING

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0581		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.49 per mile)	MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49	166 \$ 81.34
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 81.34

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.



FLOYD COUNTY SCHOOLS TRAVEL EXPENSE VOUCHER



Name	Anna Shepherd				
Home Address	488 East Dorton BLVD				
City	Staffordsville	STATE	KY	ZIP	

ORG	OBJECT	PROJECT	SCHOOL/DEPARTMENT/PROGRAM
0011075	0581		

DATE	TIME OF	TRAVEL LOCATIONS	SUBSISTENCE	DAILY TOTAL					
MO	5	DEPARTURE	12:00pm	FROM	Floyd County Line	PRIVATE AUTO MILEAGE	LODGING	B	LODGING &
DAY	22	RETURN		TO	BLHS Area Parade Route/FCHS Parade Route	83		L	SUBSISTENCE
Purpose									D

DATE	TIME OF	TRAVEL LOCATIONS	SUBSISTENCE	DAILY TOTAL					
MO	5	DEPARTURE		FROM	BLHS Area Parade Route/FCHS Parade Route	PRIVATE AUTO MILEAGE	LODGING	B	LODGING &
DAY	22	RETURN	8:30pm	TO	Floyd County Line	83		L	SUBSISTENCE
Purpose									D

DATE	TIME OF	TRAVEL LOCATIONS	SUBSISTENCE	DAILY TOTAL					
MO		DEPARTURE		FROM		PRIVATE AUTO MILEAGE	LODGING	B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose									D

DATE	TIME OF	TRAVEL LOCATIONS	SUBSISTENCE	DAILY TOTAL					
MO		DEPARTURE		FROM		PRIVATE AUTO MILEAGE	LODGING	B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose									D

DATE	TIME OF	TRAVEL LOCATIONS	SUBSISTENCE	DAILY TOTAL					
MO		DEPARTURE		FROM		PRIVATE AUTO MILEAGE	LODGING	B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose									D

DATE	TIME OF	TRAVEL LOCATIONS	SUBSISTENCE	DAILY TOTAL					
MO		DEPARTURE		FROM		PRIVATE AUTO MILEAGE	LODGING	B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose									D

TOTAL FOR ALL COLUMNS THIS PAGE	166		\$ -
TOTAL FOR CONTINUATION PAGES OF COLUMNS			

<p>I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities),</p> <p>that the above are proper charges in the discharge of official business and that all data</p> <p>furnished herewithin are true and correct to the best of my knowledge.</p>	<p>TOTAL MILEAGE ALL PAGES</p> <p style="text-align: center;">166</p>	<p>@ \$ 0.49 PER MILE</p> <p style="text-align: center;">\$ 81.34</p>	<p>Lodging/Meals</p> <p style="text-align: center;">\$ -</p>
<p>Traveler's Signature/Date</p> <p style="text-align: center;">Anna Shepherd 5-23-22</p>	<p>Miscellaneous Expenses</p> <p style="text-align: center;">\$</p>		
<p>Supervisor's Signature/Date</p>	<p>GRAND TOTAL TO BE REIMBURSED</p> <p style="text-align: center;">\$ 81.34</p>		

Travel Request Form

Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Superintendent/Central Office

Conference/Workshop, City & State

PHS Graduation Parade

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/27/22		FROM	Floyd County Line
RETURN	05/27/22		TO	PHS Parade Route

MUNIS CODING

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0581		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.49 per mile)	MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49	40 \$ 19.60
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 19.60

Statement of Rationale for Attendance

Signature of Applicant Anna Whitaker Shepherd

6/1/22
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.



FLOYD COUNTY SCHOOLS TRAVEL EXPENSE VOUCHER



Name					
Home Address					
City		STATE		ZIP	

ORG	OBJECT	PROJECT		SCHOOL/DEPARTMENT/PROGRAM

DATE		TIME OF		TRAVEL LOCATIONS		PRIVATE AUTO MILEAGE	LODGING	SUBSISTENCE	DAILY TOTAL
MO	8	DEPARTURE		FROM	Floyd County Line			B	LODGING &
DAY	27	RETURN		TO	PHS Parade Route	20		L	SUBSISTENCE
Purpose								D	

DATE		TIME OF		TRAVEL LOCATIONS		PRIVATE AUTO MILEAGE	LODGING	SUBSISTENCE	DAILY TOTAL
MO	8	DEPARTURE		FROM	PHS Parade Route			B	LODGING &
DAY	27	RETURN		TO	Floyd County Line	20		L	SUBSISTENCE
Purpose								D	

DATE		TIME OF		TRAVEL LOCATIONS		PRIVATE AUTO MILEAGE	LODGING	SUBSISTENCE	DAILY TOTAL
MO		DEPARTURE		FROM				B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose								D	

DATE		TIME OF		TRAVEL LOCATIONS		PRIVATE AUTO MILEAGE	LODGING	SUBSISTENCE	DAILY TOTAL
MO		DEPARTURE		FROM				B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose								D	

DATE		TIME OF		TRAVEL LOCATIONS		PRIVATE AUTO MILEAGE	LODGING	SUBSISTENCE	DAILY TOTAL
MO		DEPARTURE		FROM				B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose								D	

DATE		TIME OF		TRAVEL LOCATIONS		PRIVATE AUTO MILEAGE	LODGING	SUBSISTENCE	DAILY TOTAL
MO		DEPARTURE		FROM				B	LODGING &
DAY		RETURN		TO				L	SUBSISTENCE
Purpose								D	

TOTAL FOR ALL COLUMNS THIS PAGE	40		\$ -
TOTAL FOR CONTINUATION PAGES OF COLUMNS			

I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities),
that the above are proper charges in the discharge of official business and that all data
furnished herewithin are true and correct to the best of my knowledge.

Traveler's Signature/Date	<i>Luna W. Shepherd</i>
Supervisor's Signature/Date	

TOTAL MILEAGE ALL PAGES	40		@ \$ 0.49 PER MILE	\$ 19.60
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Lodging/Meals	\$ -
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Miscellaneous Expenses	
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GRAND TOTAL TO BE REIMBURSED	\$ 19.60
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Travel Request Form

Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Central Office-Superintendent/Eastern, KY

Conference/Workshop, City & State

Shipley Training/Lexington Central Bank, Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/13/22	8:00am	FROM	Staffordsville, KY
RETURN	07/14/22	7:00pm	TO	Lexington, KY

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

Mileage (@ \$ 0.49 per mile)

MILEAGE RATE(04-01-22 THRU 06-30-22)

	ENTER MILES OR NUMBER OF DAYS	Amounts requested
\$ 0.49	220	\$ 107.80
Amount Per Day		
Amount Per Day		\$ 54.00
Amount Per Day		
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED		\$ 161.80

Bus/Airfare

Subsistence (Overnight stay required)

Lodging (Do not include direct billing to BOE)

Miscellaneous Reimbursable Expenses

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

Board Member Central Office/Eastern, KY

Conference/Workshop, City & State

KSBA Summer Leadership Institute

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/15/22	10:00am	FROM	Staffordsville
RETURN	07/16/22	7:00pm	TO	Lexington

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 (@ \$ 0.49 per mile)	MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49	222
Bus/Airfare	Amount Per Day		\$ 108.78
Subsistence (Overnight stay required)	Amount Per Day		\$ 54.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 162.78

Statement of Rationale for Attendance

Anna W. Shepherd
Signature of Applicant

6/13/22
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-Superintendent/Eastern, KY

Conference/Workshop, City & State

Cohort 10-Capstone and KASA Annual Leadership Institute/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/26/22	8:00am	FROM	Staffordsville, KY
RETURN	07/29/22	7:00pm	TO	Lexington, 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 (@ \$ 0.49 per mile)	MILEAGE RATE(04-01-22 THRU 06-30-22)	\$ 0.49	380 \$ 186.20
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 144.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 330.20

Statement of Rationale for Attendance

Anna W. Shepherd
Signature of Applicant

6/14/22
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
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