

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
July 2022 &
Travel for September 2022***

***Presented to the Floyd County Board of Education,
meeting in Regular session
August 22, 2022***

Travel Request Form Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Central Office-Superintendent/Eastern, KY

Conference/Workshop, City & State

Fundraiser for Floyd County Schools by Bernie Sternecky for Flood Victims/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	09/24/22		FROM	Staffordsville
RETURN	09/24/22		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 (@ \$ 0.53 per mile)	MILEAGE RATE(07-01-22 THRU 09-30-22)	\$ 0.53	222 \$ 117.66
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			\$ 117.66

Statement of Rationale for Attendance

Bernie Sternecky has asked Mrs. Shepherd to attend and talk at the event.

Anna Shepherd
Signature of Applicant

8/11/22
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

KASS/Frankfort, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	09/27/22	5:00pm	FROM	Staffordsville
RETURN	09/29/22	8:00pm	TO	Frankfort

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 (@ \$ 0.53 per mile)	MILEAGE RATE(07-01-22 THRU 09-30-22)	\$ 0.53	280 \$ 148.40
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 90.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 238.40

Statement of Rationale for Attendance

Anna W. Shepherd
Signature of Applicant

8/11/22
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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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 July 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY NC	DAY
DAY	H	NC	NC	NC	NC	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	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 W. Shepherd Date 8-1-22

Supervisor Signature _____ Date _____

Total Contract Days
 Total Holidays
 Total PD Days
 Total Sick Days
 Total Personal Days
 Total Emergency

15
1

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
 Total Non-Contract

16
5