Floyd County Schools

Superintendents Travel & Timesheet

For the Month Ending in November 2022 & Travel for January 2023

Presented to the Floyd County Board of Education, meeting in Regular session December 19, 2022

KLV	13ED 6/21/01			Travel Request Form Floyd County Schools						
Massa	A Ob	Lowel		raya scally concold	SST#					
Name	Anna Shepi									
	Central Offi	ce Superir	ntendent/Eas	Employee School/Location						
	30111101110111	ос сароли		onference/Workshop, City & State				-		
	KWEL Annual	Forum/Loui	svile KY							
	DATE	TIME		TRAVEL LOCAT						
DEPARTURE	01/24/23	4:00pm	FROM	Stafordsville, KY						
RETURN	01/26/23 JNIS CODIN	7:00pm IG	то	Louisville, KY						
ORG	OBJECT		DISCRIPTION							
0011075	0580		TRAVEL							
	0585									
	0586									
			LODGING OTHER							
		E		mployee Expenditure Reimburse	ement					
		ENTER MILES OR NUMBER OF DAYS	NUMBER OF TOTAL							
Mileage (@	② \$ 0.46 per	mile)		MILEAGE RATE(10-01-22 THRU 13-31-22)	\$ 0.46	380		174.80		
Bus/Airfar	e			Amount Per Day						
Subsisten	Ce (Overnight sta	ay required)		Amount Per Day			\$	90.00		
	o not include direc			Amount Per Day						
Miscellane	eous Reimb	ursable E	xpenses	·						
				TOTAL ESTIMATED EXPE	NSES TO BE	REIMBURSED	\$	264.80		
			Staten	nent of Rationale for Attendance)					
1	1 1/51	Don Brown	lad							
Signature of	Amer IT WIND) - 4 -						
Signature of	Аррисант							ate		
Signature of	Superintende	,		ate						
(B) LUNCH A (C) DINNER A (D) Save rece attachme	UTHORIZED TR LUTHORIZED TI lipts for tolls, p nt of expense r	RAVEL 11:00 RAVEL 5:00 I arking, fees, eimbursemei	A.M. THROUG P.M. THROUGH etc over \$2.00 nt form.	DUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for		Floyd County Salved	AND PROPERTY.			

45 days after travel has been completed.

Floyd County Schools Salaried Time and Attendance Certification/Affidavit									
Employee Number Employee Name		hepherd	School/Location Control Office Month/Year 1000 2002				eđ Il		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	rday		
DAY	DAY	DAY	. DAY	DAY	DAY		DAY		
			ر اهـ	د ت	C 1-7		<u> </u>		
DAY	DAY	SAY SAY	дач	DAY	DAY		DAY		
	C	<u></u>	٠ - ٢	C	C				
DAY	DAY 14	DAY 5	DAY	DAY	78		DAY		
		C			C				
. DAY	DAY	DAY	DAY	JJ PAY	DAY,		DAY		
		C -	C	H					
DAY	DAY 28	DAY	DAY 3 O	DAY	DAY		DAY-		
	C -	C			•				
DAY	DAY	DAY	DAY	DAY	DAY		DAY		
	L	 		L	h				
I hereby affirm and atte	st that the information I h ted. I understand that if I	ave provided is true and, have provided informatio	under the provision of lav n that is not true, I may b	v and Board policy, qualifi e subject to disciplinary ac	es me to take the leave tion.	THIS Period	TOTAL YTE		
		Total Contract Days Total Holidays		96					
Employee Signature	Dura L'). Shepher	Date	11-30-22	Total PD Days				
		Total Sick Days Total Personal Days							
Supervisor Signature		Total Emergency							
This affidavit is esse	ntial for payroll purpo	Total Paid Days		99					
	by the Pi	Total Non-Contract		8					