

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
February 2023 &
Travel for April 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
March 27, 2023***



Floyd County Schools

Salaried Time and Attendance Certification/Affidavit

Employee Number 12717 School/Location C.D.

Employee Name Anna Shepherd Month/Year Feb. 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
			C	C	C	Regional Academics 4 IMS C
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	Regional Academics HHS C
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	KSBA Louisiana C
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C	C	C	C	C	DAY
DAY	DAY	DAY	DAY	DAY	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.

Employee Signature <u>Anna W. Shepherd</u>	Date <u>3-1-23</u>	Total Contract Days	23	THIS Period	23	TOTAL YTD	158
Supervisor Signature _____	Date _____	Total Holidays					5
		Total PD Days					
		Total Sick Days					
		Total Personal Days					
		Total Emergency					
		Total Paid Days			23		164
		Total Non-Contract					15

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

Central Office/Eastern, KY-Superintendent

Conference/Workshop, City & State

KVEC Board Meeting in Conjunction w/STLP State Championship/Central Bank Center/Rupp Arena, Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	04/18/23	4:00pm	FROM	Staffordsville
RETURN	04/19/23	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 (@ \$ 0.44 per mile)	MILEAGE RATE(01-01-23 THRU 03-31-23)	\$ 0.44	222 \$ 97.68
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 36.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 133.68

Statement of Rationale for Attendance

Signature of Applicant Anna W. Shepherd Date 3-15-23

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.

