

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
May 2023 &
Travel for July 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
June 26, 2023***

Travel Request Form

Floyd County Schools

Name Anna Shepherd

SSN#

Employee School/Location

Superintendent, CO/Eastern, KY

Conference/Workshop, City & State

CEC-Early Childhood Workgroup/KEDC Lexington Office

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	06/11/23	5pm	FROM	Stafordsville
RETURN	06/12/23	4pm	TO	Lexington

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

Mileage (@ \$ 0.45 per mile)

MILEAGE RATE(04-01-23-THRU 06-30-23)

Bus/Airfare

Subsistence (Overnight stay required)

Lodging (Do not include direct billing to BOE)

Miscellaneous Reimbursable Expenses

ENTER MILES OR NUMBER OF DAYS	Amounts requested
\$ 0.45	222 \$ 99.90
Amount Per Day	
Amount Per Day	\$ 54.00
Amount Per Day	
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED	\$ 153.90

Statement of Rationale for Attendance

Signature of Applicant

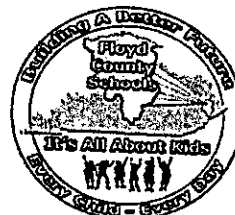
Linda C. Hearheart

Signature of Superintendent/Designee

Date

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

Dr. Todd Whitaker What Great Teachers Do Differently/Johnson Central High School, Paintsville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/12/23		FROM	Staforville
RETURN	07/12/23		TO	Paintsville

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

			ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-23 THRU 06-30-23)	\$ 0.45		\$ -
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				\$ -

Statement of Rationale for Attendance

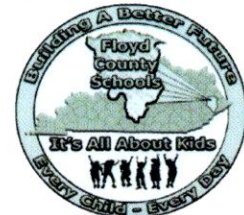
Signature of Applicant Anna W. Shepherd

6-13-23
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

KVEC Board Meeting & KASA Annual Conference

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/25/23	4:00pm	FROM	Stafordsville
RETURN	07/27/23	6:00pm	TO	Louisville, 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 (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-23 THRU 06-30-23)	\$ 0.45	380 \$ 171.00
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			\$ 261.00

Statement of Rationale for Attendance

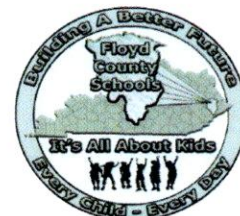
Anna Whitaker
Signature of Applicant

6-23-23
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

KSBA Summer Leadership Insitute/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/14/23	4:00pm	FROM	Stafordsville
RETURN	07/16/23	6:00pm	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 (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-23 THRU 06-30-23)	\$ 0.45	222 \$ 99.90
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			\$ 189.90

Statement of Rationale for Attendance

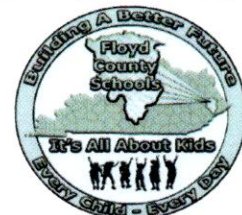
Anna W. Shepherd
Signature of Applicant

6-13-23
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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Travel Request Form

Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

Southeast KY Tech Meet Summer Unconference/Pulaski County High School, Somerset, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	07/17/23	4:00pm	FROM	Stafordsville
RETURN	07/18/23	6:00pm	TO	Somerset

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

Mileage (@ \$ 0.45 per mile)

MILEAGE RATE(04-01-23 THRU 06-30-23)

ENTER MILES OR NUMBER OF DAYS	Amounts requested
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\$ 0.45	248	\$ 111.60
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Bus/Airfare

Amount Per Day

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	\$ 165.60
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Statement of Rationale for Attendance

Anna W. Shepherd
Signature of Applicant

6-13-23
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 CD

Employee Name Anna Shepherd

Month/Year May 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	E DAY 1	C DAY 2	C DAY 3	C DAY 4	C DAY 5	DAY
DAY	DAY 6	DAY 7	DAY 10	DAY 11	DAY 12	DAY
DAY	DAY 13	DAY 16	DAY 17	DAY 18	DAY 19	DAY
DAY	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY
DAY	H DAY 29	NC DAY 30	NC DAY 31	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.

Employee Signature Anna W. Shepherd

Date 6-7-23

Supervisor Signature _____

Date _____

Total Contract Days
 Total Holidays
 Total PD Days
 Total Sick Days
 Total Personal Days
 Total Emergency
 Total Pald Days
 Total Non-Contract

THIS Period	TOTAL YTD
19	217
1	6
1	2
	225
2	23

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