## 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

	EVISED 8/21/01			Travel Request Form				_
	<del></del>			Floyd County Schools				
Name	Anna She	pherd			g Shift			_
				Employee School/Location	15			
<u> </u>	Superinter	ndent, CO/	Eastern, KY					_
	<del></del>		C	onference/Workshop, City & State				_
	CEC-Ealry C	hildhood Wo	rkgroup/KEDC	Lexington Office				-
DEPARTUR	DATE	TIME		TRAVEL LO	CATIONS			_
RETUR		5pm 4pm	FROM TO	Stafordsville				_
	UNIS CODI	NG	<del> </del>	Lexington				_
ORG	OBJECT	PROJECT	DISCRIPTION			<del>-</del>		
0011075	0580	<u></u>	TRAVEL					
	0585		SUBSISTE	ICE				
	0586							
		E	OTHER stimated En	nployee Expenditure Reimbur	sement			_
	**************************************					ENTER MILES OR NUMBER OF	Amounts	_
Bus/Airfa	@ \$ 0.45 per	mile)		MILEAGE RATE(04-01-23-THRU 06-30-23	\$ 0:4	DAYS 5 .222	requested -\$99.90	-
				Amount Per Da	у		903:30	Ì
Subsistence (Ovemight stay required)  Amount Per Day  Lodging (Do not include direct billing to BOE)							\$ 54.00	4
Miscellan	onot include direct ous Reimb	t billing to BOE)		Amount Per Da	у		Ψ 04.00	-
_	odo Keniih	aragnie E	xpenses	70-11				┪
				TOTAL ESTIMATED EXP	ENSES TO B	E REIMBURSED	\$ 153.90	1
								7
<del> </del>			Stateme	ent of Rationale for Attendance	e	<del></del>		4
<del></del>								┨
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ignature of	Applicant	· · · · ·		<u> </u>	•	_	6-7-05	
Tin	dar 6 st	tearhea	ert				Date	
	Superintenden					_		
						_	Date	
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						Floyd?	P Page	
attachment	of expense reir	King, 1988, etc Thursement (	c over \$2.00 and	lodging receipts for		Solvens (Sample)	18	!
) exbeuze te:	mbursement fo r travel has bee	rms must he	enhmitted for a	ayment no later than		Tipe on on		
-J - m140	· ~ 1149 D&6	completed,	•			MAKE	NATUS /	
						- GO - GO	953 ×	

REV	ISED 8/21/01			Travel Request Form Floyd County Schools				
Name	Anna Shepl	herd			15	*		
				Employee School/Location				
	Central Offi	ce, Superi	intendent/Ea	stern, KY				
			Co	onference/Workshop, City & State				
	Dr. Todd Whit	aker What G	Freat Teachers	Do Differently/Johnson Central High Sch	nool, Pair	ntsville	, KY	
	DATE	TIME		TRAVEL LOCA	TIONS			
DEPARTURE	07//0/00		FROM	Stafordsville Paintsville				
RETURN	JNIS CODIN	IG	то	Pantsville				
ORG	OBJECT		DISCRIPTION					
0011075	0580		TRAVEL					
	0585		SUBSISTE	NCE				
	0586		LODGING					
			OTHER					
•	78 Y	E	stimated E	mployee Expenditure Reimburs	ement		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/Airfa	re			Amount Per Day				
Subsister	ICE (Overnight st	ay required)		Amount Per Day				
Lodging (	Do not include direc	ct billing to BOE	E)	Amount Per Day				
	eous Reimb			SertSpage198603Spangapan asset				
				TOTAL ESTIMATED EXP	ENSES	го ве	REIMBURSED	\$ -
			Stater	nent of Rationale for Attendanc	е			
	39, 30 - 22, 1274 <u>0</u> , 31, 2760							
Signature o	MA W	Sh	epher	d	-			<u>6 - /3 -23</u> Date
Signature o	of Superintend	ent/Designe	ee					Date
(B) LUNCH A (C) DINNER (D) Save rec	AUTHORIZED T AUTHORIZED 1	RAVEL 11:00 FRAVEL 5:00 parking, fees	A.M. THROUG P.M. THROUG , etc over \$2.00	OUGH 9:00 A.M\$8.00 iH 2:00 P.M\$10.00 H 9:00 P.M\$18.00 ) and lodging receipts for			School A Base	A CALLED TO SERVICE SE

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

REVI	SED 8/21/01			Travel Request Form Floyd County Schools					
Name	Anna Shep	herd			SSW#				
				Employee School/Location					
	Central Offi	ce, Superi	ntendent/Ea	stern, KY					
				onference/Workshop, City & State					
	KVEC Board	Meeting & K.	ASA Annual Co	onference					
	DATE	IONS							
DEPARTURE	07/25/23	4:00pm	FROM	Stafordsville					
RETURN	07/27/23								
	INIS CODIN								
ORG	OBJECT	PROJECT	DISCRIPTION						
0011075	0580		TRAVEL						
	0585		SUBSISTE	NCE					
	0586		LODGING						
	0300								
			OTHER			L			
Estimated Employee Expenditure Reimbursement							ENTER MILES Amounts OR NUMBER OF DAYS requested		
Mileage (@	② \$ 0.45 per	r mile)		MILEAGE RATE(04-01-23 THRU 06-30-23)	\$ 0.45	380	\$	171.00	
Bus/Airfar		\$1000000000000000000000000000000000000		Amount Per Day	-		•		
	ICE (Overnight st	ray required)		500 Cities 100			\$	00.00	
No. 10 12				Amount Per Day			Φ	90.00	
	o not include direc			Amount Per Day					
Wiiscelland	eous Reimb	Jursable E	xpenses	TOTAL ESTIMATED EXPE	NCEC TO DE	DEIMBURGER	\$	261.00	
				TOTAL ESTIMATED EXPE	NSES TO BE	KEINIBURSED	φ	201.00	
								_	
			Stater	nent of Rationale for Attendance	)				
Aı	Anna whitake						6%	8-23	
Signature of Applicant								Date	
_	f Superintend							Date	
(B) LUNCH A (C) DINNER A (D) Save rece attachme	UTHORIZED T AUTHORIZED 1 eipts for tolls, p ent of expense	RAVEL 11:00 FRAVEL 5:00 parking, fees reimburseme	A.M. THROUG P.M. THROUG , etc over \$2.00 ent form.	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for for payment no later than		Floye Count Scinool	S ISTO	A CONTRACTOR OF THE PARTY OF TH	

45 days after travel has been completed.

REVI	SED 8/21/01			Travel Request Fo Floyd County Scho						
Name	Anna Shep	herd				ESTA STATE	(			
	•			Employee School/Location	on					
	Central Off	ice. Superi	ntendent/Ea	stern, KY						
		, , , , ,		onference/Workshop, City &	& State					
	KSRA Summ	er Leadershir	p Insitute/Lexin	aton KY						
	DATE	TIME	- Indicator Edxiii		RAVEL LOCAT	IONS				
DEPARTURE	07/14/23	4:00pm	FROM	Stafordsville						
RETURN	07/16/23	6:00pm	то	Lexington, KY						
	INIS CODII									
ORG	OBJECT	PROJECT	DISCRIPTION							
0011075	0580		TRAVEL							
	0585		SUBSISTE	NCE						
	0586		LODGING							
			OTHER					10		
		E		mployee Expenditure I	Reimburse	ement				
					I î			ENTER MILES OR NUMBER OF DAYS		nounts juested
Mileage (@	@ \$ 0.45 pe	r mile)		MILEAGE RATE(04-01-23 TH	HRU 06-30-23)	\$	0.45	222	\$	99.90
Bus/Airfai	re			Ar	mount Per Day					
Subsisten	ICE (Overnight s	tay required)		Aı	mount Per Day				\$	90.00
Lodging (	Do not include dire	ect billing to BOE	:)	Aı	mount Per Day					
	eous Reim				•					
			•	TOTAL ESTIM	ATED EXPE	NSES T	O BE	REIMBURSED	\$	189.90
			Stator	ment of Rationale for A	ttendance					
			State	nent of Nationale for A	ttteriuarice					
_										
Nam	امم الم	SI	epher						6-	13-23
Signature o	f Applicant	, , , ,	<del>J</del>			•				Date
Signature o	f Superinten	dent/Designe	ee			•				Date
				OUGH 9:00 A.M\$8.00				A Day	Gar	
				SH 2:00 P.M\$10.00				Siding Floys	5	See .
				H 9:00 P.M\$18.00 and lodging receipts for				School	5	18

attachment of expense reimbursement form.

45 days after travel has been completed.

(E) Expense reimbursement forms must be submitted for payment no later than

REVI	SED 8/21/01			Travel Request Form Floyd County Schools					
Name	ne Anna Shepherd								
				Employee School/Location		_			
	Central Off	ice, Superi	intendent/Ea	astern, KY					
			THE RESERVE OF THE PERSON NAMED IN	onference/Workshop, City & State					
	Southeast KY	Te@ch Mee	et Summer Un	conference/Pulaski County High School, S	Somerse	t, KY			
	DATE	TIME		TRAVEL LOCAT					
DEPARTURE	07/17/23	4:00pm	FROM	Stafordsville					
RETURN ML	07/18/23 JNIS CODIN	6:00pm <b>NG</b>	то	Somerset					
ORG	OBJECT		DISCRIPTION						
0011075	0580		TRAVEL						
0011070	0585		SUBSISTE	:NCE					
	0586		LODGING						
			OTHER						
		E		mployee Expenditure Reimburse	ement				
							ENTER MILES OR NUMBER OF DAYS		nounts quested
Mileage (@ \$ 0.45 per mile)				MILEAGE RATE(04-01-23 THRU 06-30-23)	\$	0.45	248	\$	111.60
Bus/Airfa	Bus/Airfare Amount Per Day								
Subsisten	ICE (Overnight st	tay required)		Amount Per Day				\$	54.00
Lodging (	Do not include dire	ct billing to BOE	.)	Amount Per Day					
Miscellan	eous Reimb	oursable E	Expenses						
			<u> </u>	TOTAL ESTIMATED EXPE	NSES T	O BE	REIMBURSED	\$	165.60
			State	ment of Rationale for Attendance	е	_			
			600						
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>							
Signature of Applicant							6-	-13-23 Date	
Signature o	f Superintend	dent/Designe	ee		•				Date
(B) LUNCH A (C) DINNER A (D) Save rec	UTHORIZED T	TRAVEL 11:00 TRAVEL 5:00 parking, fees	0 A.M. THROUG P.M. THROUG s, etc over \$2.0	ROUGH 9:00 A.M\$8.00 GH 2:00 P.M\$10.00 GH 9:00 P.M\$18.00 0 and lodging receipts for			Floyd County State of	S S S S S S S S S S S S S S S S S S S	ARTINA

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

	C= Contract NC= Non Contract P= Personal S= Sick E= Emergency	et .					
Employee Number	12717	1	Sch	nool/Location ()	) / / / / / / / / / / / / / / / / / / /	H= Holiday SC= School Close PD= Professional	
Employee Name		hand		Month/Year_May		ybod yrut =QL	rday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	rday DAY
DAY	DAY	DAY	DAY	PAY	<b>B</b> AY	1	DAI
	E	C	C	C	C		
DAY	DAY	DAY	DAY 10	DAY }	DAY		DAY
	<del>                                   </del>		•				
DAY	DAY	DAY	9 <del>a</del> y	Pay Pay	DAY 1.5		DAY
, DAY	DAY	DAY シンフ	24	DAY 25	DAY 200		DAY
	i.			•	`		
DAY	DAY	DAY DAY	YAQ 30	DAY	DAY		DAY.
	*	40	10 Lat				
DAY	DAY	. DAY	DAY	DAY	DAY		DAY
I hereby offirm and atte indica	est that the information I i ited. I understand that if I	rave provided is true and, have provided information	under the provision of law n that is not true, I may b	v and Board policy, qualifie e subject to disciplinary ac	ction.	THIS Period	
	Total Contract Days Total Holidays		217				
Employee Signature	Employee Signature Amaw. Shephad Date 6-7-23 Total Holiday Total PD Day						
l		Total Sick Days					
Supervisor Signature	No.		Date		Total Personal Days Total Emergency		2
This reflicantly is seen	ntial for naurall nume	oses. Please fill out the	? form with care and	return it as directed	Total Paid Days		225
Tins afficient is esse	bv the P.	rincipals/Director/Sup	nervisor.		Total Non-Contract		1B