## Floyd County Schools

## Superintendents Travel & Timesheet

For the Month Ending in June 2023 & Travel for August 2023

Presented to the Floyd County Board of Education, meeting in Regular session July 24, 2023

	Salar	C= Contract  NC= Non Contra  P= Personal  S= Sick	act				
Employee Number		E= Emergency H= Holiday	rad				
Employee Name	Anna Shept	lerd.		Month/Year	ine 2023	SC=School Closed PD=Professional JD=Jury Duty	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	urday
DAY	DAY	DAY	- DAY	DAY	DAY		DAY
ļ	<u>                                     </u>	<u> </u>	<u> </u>	<u>ر</u> ا	C		
DAY	DAY 5	DAY	DAY 7	C BAY	C PAY		DAY
<u> </u>	C	C	. C	NC	/vc		
DAY	DAY J2	DAY 13	DAY  -	DAY 15	DAY 10		DAY
<u> </u>	NC	$\mathcal{C}^{-}$		<u> </u>	<u></u>		
. DAY	DAY 19	DAY 20	DAY <b>a</b> し	DAY 22	DAY a3		DAY
	C	0	NC	<u> </u>	K		
DAY	DAY	DAY 27	28 DAY	29 29	JAY 30		DAY
<del></del>	C	NC	NC	NC	NC		_
DAY	DAY	. DAY	DAY	DAY	DAY		DAY
	-						
I hereby affirm and atte indica	st that the information I i ted. I understand that if I	nave provided is true and, have provided informatio	under the provision of lav n that is not true, I may b	v and Board policy, qua e subject to disciplinary	lifles me to take the leave action.	THIS Period	
	Total Contract Day		733				
Employee Signature	Anna W	- oreginal	<b>7</b> Date	6-26-23	Total Holiday Total PD Day		6
			Date		Total Sick Day		
Supervisor Signature	Total Personal Day Total Emergence		1 2				
This affidavit is esser	ntial for payroll purpo	ses. Please fill out the	form with care and	return it as directed		/5	a40
1	by the P	Total Non-Contrac	ct 7	30			

REVISED 8/21/01 Travel Request Form Floyd County Schools													
Name	Anna Shepherd												
Employee School/Location													
	Central Office, Superintendent/Eastern, KY												
				nference/Workshop, City & State									
Commonwealth Education Continuum/Frankfort, KY & KVECBoard of Directors in Louisville w/State Fair													
	DATE	TIME		TRAVEL LOCAT									
DEPARTURE	08/22/23	5:00PM	FROM	Staffordsville									
RETURN		7:00PM	то	Frankfort-Louisville									
ORG	INIS CODIN		DISCRIPTION			1							
0011075	0580	PROJECT											
0011075			TRAVEL										
	0585		SUBSISTENCE										
	0586		LODGING										
	L ,,	<u> </u>	OTHER										
Estimated Employee Expenditure Reimbursement						ENTER MILES OR NUMBER OF DAYS	Amounts requested						
Mileage (@	2) \$ 0.46 per	mile)		MILEAGE RATE(07-01-23 THRU 09-30-23)	\$ 0.46	380	\$ 174.80						
Bus/Airfar				Amount Per Day									
Subsisten	CC (Overnight st	ay required)		Amount Per Day			\$ 126.00						
	o not include dire	=		Amount Per Day									
Miscellane	eous Reimb	oursable E	xpenses										
				TOTAL ESTIMATED EXPE	NSES TO BE	REIMBURSED	\$ 300.80						
	•		Statem	ent of Rationale for Attendance									
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		<u> </u>											
Signature of Applicant							Date						
Signature of Superintendent/Designee						<u> </u>	Date						
<ul> <li>(A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M\$8.00</li> <li>(B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M\$10.00</li> <li>(C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M\$18.00</li> <li>(D) Save receipts for tolls, parking, fees, etc over \$2.00 and lodging receipts for attachment of expense reimbursement form.</li> <li>(E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.</li> </ul>						THE ALL AND THE PARTY OF THE PA	a unda						