

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Estimated Expenses:

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 6-27-23

TRAVEL EXPENSE REIMBURSEMENT REQUEST

[illegible]

Reimbursement Due

Date _____

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 7/16/23
School/Work Site Franklin & Lincoln Elementary
Name of Meeting/Conference Victory over Violence
Date(s) of Meeting/Conference 7/11 - 7/13 Departure Time 5am Return Time 6pm
Place of Meeting/Conference Central Bank Center, Lexington, Ky
Rationale for Attendance annual FRYSC Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>0</u>	<u>0</u>	<u>\$120</u>	<u>372 mi / \$171.12</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>291.12</u>

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/20/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blane Date Submitted 7/16/23
 School/Work Site FSMS ysc
 Name of Meeting/Conference RENAISSANCE CONFERENCE
 Date(s) of Meeting/Conference July 11-15-23 Departure Time 3Am Return Time 6:30pm
 Place of Meeting/Conference DALLAS TX.
 Rationale for Attendance Training
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYST
 Estimated Expenses:

Registration	Lodging	Meals <small>(see policy on back)</small>	Mileage <small>\$.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		X					

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____
 Superintendent Signature [Signature] Date 7/20/23

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
7-11	}			X			600
7-12				X			600
7-13				X			600
7-14				X			600
7-15				X			600

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due 3000

Employee Signature [Signature] Date _____
 Supervisor Signature [Signature] Date _____

Central Office Use:

Coding _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Derrick Perdue Date Submitted July 17th 2023
School/Work Site FSMG
Name of Meeting/Conference KASA ALI
Date(s) of Meeting/Conference July 28th-28th 2023 Departure Time 6:00 am Return Time 4:00 pm
Place of Meeting/Conference Galt House Louisville Ky
Rationale for Attendance annual conference
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$379.00	\$405.16	100.00	\$125.12				\$1009.28

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/18/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses Amount	Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

[Signature] 7-17-23
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Estimated Expenses:

Principal Signature: _____ Grant/Admin: _____
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 7/18/11

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Date _____

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Leah Wood Date Submitted 7.20.23

School/Work Site FSHS

Name of Meeting/Conference KASA

Date(s) of Meeting/Conference 7.26 - 7.28 Departure Time 8:30am Return Time 1:00pm

Place of Meeting/Conference Galt House

Rationale for Attendance Admin + Instructional Conference

Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$80					\$80

Principal Signature: _____ Grant/Admin: [Signature]

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved... 7/24/23

Reason _____ Superintendent Signature _____ Date

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date. ***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

JUL 21 2023

Employee Name Samuel Kesson Date Submitted 7/6/23
School/Work Site FSHS
Name of Meeting/Conference KASA
Date(s) of Meeting/Conference July 26-28, 2023 Departure Time 12:00 PM Return Time 12:00 PM
Place of Meeting/Conference GALT HOUSE HOTEL, LOUISVILLE, KY
Rationale for Attendance PD FOR SCHOOL LEADERSHIP
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) CO.

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
/	/	\$80	304 x 0.46 = 139.84	/	/		\$219.84

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ Date 7/25/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Dustin Dyer Date Submitted 7-10-23
School/Work Site FSHS - West Campus
Name of Meeting/Conference Kentucky Association of School Administrators Conference
Date(s) of Meeting/Conference July 26-28 Departure Time 10:00 AM Return Time 6:00 PM
Place of Meeting/Conference Louisville, Ky - KASA Conference

Rationale for Attendance _____

Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		<u>\$80.00</u>	<u>\$107.00</u>				

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved... 7/25/23

Reason _____ Superintendent Signature _____ Date _____

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses Amount	Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Craig Deek Date Submitted 7/17/23
 School/Work Site Operations/Transportation
 Name of Meeting/Conference KASA Conference
 Date(s) of Meeting/Conference 7/26 - 7/28/23 Departure Time 6:00 AM Return Time 4:30 p.m.
 Place of Meeting/Conference Galt House - Louisville, KY
 Rationale for Attendance Leadership Opportunities for Growth & Development
 Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$ 379.00	\$ 405.16	\$ 120.00	\$ 123.28	—			1027.44

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 7/18/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses Amount Explanation	Total
7/26 -						
7/28						

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jennifer Ellis Date Submitted 7/27/2023
School/Work Site FSHS
Name of Meeting/Conference Ky Dept. Ag Program Overview
Date(s) of Meeting/Conference 8/1/2023 Departure Time 8:30am Return Time 4:30pm
Place of Meeting/Conference BG. Independent Schools BOE
Rationale for Attendance Learning about Ky dept. Ag.
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other Food Service

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.41 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		\$20	\$22.14				\$42.14

Principal Signature: Sarah Richardson Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 7/31/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.41	Lodging	Meals	Other Expenses Amount Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michelle Gress Date Submitted 7-25-2023
School/Work Site C/O
Name of Meeting/Conference SBAC Training
Date(s) of Meeting/Conference 8-21-23 - 8-22-23 Departure Time 4:00 pm Return Time 6:00 pm
Place of Meeting/Conference Holiday Inn, Lexington, KY
Rationale for Attendance Training Qtrly SBAC Financial Reporting
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>0</u>	<u>112.-</u>	<u>40.-</u>	<u>191.36</u>	<u>0</u>	<u>0</u>		<u>343.36</u>

Principal Signature: _____ Grant/Admin: Shelley Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J. Shl Date 8/3/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shalee Mann Date Submitted 07/26/23
 School/Work Site FSHS
 Name of Meeting/Conference 504 Training
 Date(s) of Meeting/Conference Aug 30, 2023 Departure Time 7:30 Return Time 12:30
 Place of Meeting/Conference GRREC
 Rationale for Attendance Gain knowledge
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) SPEE

Estimated Expenses:

PO# 60421 from CO

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$100	/	/	\$30	/	/	/	\$130

Principal Signature: _____ Grant/Admin: SPEE Shalee Mann
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature J. H. H. Date 8/3/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shelina Smith Date Submitted 7-13-2023
School/Work Site C60
Name of Meeting/Conference Continuous Improvement Conference
Date(s) of Meeting/Conference 9-24-23 - 9-26-23 Departure Time 6:00 am Return Time 6:00 pm
Place of Meeting/Conference Hilton Lexington / Downtown
Rationale for Attendance Annual Conference
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TQ

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	434.83	120.-	138.-				

Principal Signature: _____ Grant/Admin: Shelina Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J. Shel Date 8/3/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***"

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stacy Vaughn Date Submitted 7/22/2023
School/Work Site Franklin EL
Name of Meeting/Conference Continuous Improvement
Date(s) of Meeting/Conference Sept. 25 + 26 Departure Time 9/24 @ 5:00 Return Time 9/26 @ 6:00p
Place of Meeting/Conference Central Bank Center Lexington, KY
Rationale for Attendance Professional Development on KSA, KAS accountability
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
pd. by Shelina	pd. by Shelina	\$100	School Van				

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/28/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Stacy Vaughn 7/22/23
Employee Signature Date

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Northern Date Submitted 7/21/23
School/Work Site SES
Name of Meeting/Conference Continuous Improvement Summit
Date(s) of Meeting/Conference September 25-26 Departure Time 9/24 @ 5pm Return Time 9/26 @ 6:30pm
Place of Meeting/Conference Central Bank Center, Lexington, Ky
Rationale for Attendance Prof. Development for T & L Team
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>\$185</u>		<u>\$100</u>					

Paid by Shelina
Principal Signature: _____ Grant/Admin: Shelina Smith
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 7/25/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Sam Northern 7/21/23
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kim Whitney Date Submitted 7/24/23
School/Work Site SES/LES
Name of Meeting/Conference Continuous Improvement Conference
Date(s) of Meeting/Conference Sept. 25 - Sept. 26 Departure Time 8:00 am Return Time 8:00 pm
Place of Meeting/Conference Central Bank Center - Lexington, Ky
Rationale for Attendance CIA term attending - awareness of new strategies
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TB

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
		80.00			NA		80.00

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/3/23

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses Amount Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval