School/Work Site FR Name of Meeting/Confer Date(s) of Meeting/Confer Place of Meeting/Confer Rationale for Attendance	rence/C/ erenceJu ence Doubles e/CU/	mpson fl 1 Con-lei 19 13-14 they Hilton	pepar Depart Murst	ture Time_	7-12-23 3:00 pi	<i>N</i>	7-14-73 6:00 pn
Registration Lodg  PA SUND \$395  Principal Signature:  Prior Superintendent App  Approved N  Reason	See policy	on back* \$0.46 pe	r mile	Admin:	ubstitute .00 per day Required	<b>国籍的保护</b>	by Grant Funds  Date
Submit this section upor original required rece  *** Per Board Policy 03.125 a  Date # Miles	eipts and signature	es.			ed within thi Other Exp	JRSEMENT irty (30) days of the enses Explanation	
		N.					
Affidavit: I hereby certify that	: all expenses includ	led in the above stat	tement were incu	rred by an	Reim	bursement Due	
Affidavit: I hereby certify that employee of Simpson Countricharges qualifying for reimburdata furnished here within is to the country of the	y Schools in the cap prement from the S	pacity of official bus Simpson County Boar	rd of Education; a	are proper		bursement Due	

Employee Name <u>Luc</u> School/Work Site <u>Fya</u>	Melin &	Lincoln E	Tementary		711	1/23	
Name of Meeting/Confer	ence VICt	m over	Violence				
Date(s) of Meeting/Confe	erence 111	- 7/13	Departu	ıre Time <u> </u>	sam	Return Tir	me <b>_6</b> pm
Place of Meeting/Conference	ence Central	Bank Cl	nter lexir				
Rationale for Attendance	ammal	TRUSC U	morene		. 20	uC/	
Expenses paid by:	SBDM □ PD [	□ Spec Ed □ K	ETS 🔟 Other (N	1UST Specit	y)	J. De	
Estimated Expenses:							
Registration Lodgi	ng Mer See policy	on back* \$0.46 p	-		per day	Other	Total Est. Expenses
Principal Signature: Prior Superintendent App Approved No Reason	ot Approved	Supe	Grant/Adent Signa	W	Required i	f Expenses are Pa	aid by Grant Funds   Date
original required rece							T REQUEST
*** Per Board Policy 03.125 a  Date # Miles	ond 03.225: "Out-of Charge @ \$.46	-District Travel Rei	mbursements MUST Meals	be submitted Amount	Other Expe		Total
	Charge @	A CALL OF THE			Other Expe	nses	
	Charge @	A CALL OF THE			Other Expe	nses	
	Charge @	A CALL OF THE			Other Expe	nses	
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Exper	nses	Total
	Charge @ \$.46	Lodging  ded in the above st pacity of official bushingson County Bo	Meals  atement were incurrusiness; that they arard of Education; and	Amount  red by an re proper d that all	Other Exper	xplanation  wursement Duc	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	Charge @ \$.46	Lodging  ded in the above st pacity of official bushingson County Bo	Meals  atement were incurrusiness; that they arard of Education; and	Amount  red by an re proper d that all	Other Exper	xplanation  wursement Duc	Total

Employee Name Constauce	Blace 0	ate Submitted	7/16/23	
School/Work Site FSus 4SC			<b>V</b>	
Name of Meeting/Conference	MISSAULE CONFO	rucl		
Date(s) of Meeting/Conference	- 11 - 15-73 Dep	arture Time	Return Time	(e:30pm
Place of Meeting/Conference				,
Rationale for Attendance				
Expenses paid by:	pec Ed 🔲 KETS 🗇 Othe	r (MUST Specify) 4	450	
Estimated Expenses:			0	
Registration Lodging Meals	Mileage Ai	rfare Substitute \$100 per day		otal Est. Expenses
Principal Signature:	M Grant	:/Admin:	MI	
Prior Superintendent Approval:	1	Require	d if Expenses are Paid	by Grant Funds
Approved Not Approved	18			7/20/2
Neason_	Superintendent Si	gnature		Date
in the column to the state of the column to the state of	TRAVEL EXI	PENSE REIMBU	JRSEMENT irty (30) days of the t	REQUEST
Chargo @				
Date # Miles S.46	Lodging Meals	Other Exp	enses	Total
0000 11100	Lodging Meals		enses	
0000 11100	Lodging Meals	Other Exp	enses	
0000 11100	Lodging Meals  Lodging Lodging	Other Exp	enses	Total  (O)  (O)
0000 11100	Lodging Meals  Lodging  Lodging	Other Exp	enses	Total
0000 11105	Lodging Meals  Lodging  Lodging  Lodging	Other Exp	enses	Total  (O)  (O)
0000 11105	Lodging Meals	Other Exp	enses	Total  (O)  (O)
0000 11105	Lodging Meals  Lodging  Lodging  Lodging	Other Exp	enses	Total  (O)  (O)
7-12 7-13 7-14 7-15	\(\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac	Other Exp	enses	Total  (O)  (O)
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson county.	the above statement were included of official business; that they	Amount  Amount	enses	Total  (O)  (O)
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the beautifying for the beautifying	the above statement were included of official business; that they	Amount  Amount	Explanation  bursement Due	Total  (O)  (O)
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson county.	the above statement were included of official business; that they	Amount  Amount  Amount  Reimlare proper and that all	Explanation  bursement Due	Total  (O)  (O)

Employee Name Abby Scott	Date Submitted	_
School/Work Site Central Office		
Name of Meeting/Conference Attenda	100 Patricing	-
	2023 Departure Time 8:00 Return Time 1:00	
Place of Meeting/Conference <u>Drakes</u> C		-
Rationale for Attendance <u>A Hendance</u>	Training Dania 29: 0590	_
Expenses paid by:   SBDM PD Spec	Ed SETS Steer (MUST Specify) 0001039.0580	—
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expense \$0.46 per mile \$100 per day	S
	40 miles 18.40	
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by G ant Funds	
Approved Not Approved	7/3/3	_
Reason	Superintendent Signature Date	
Submit this section upon returning. Include any	TRAVEL EXPENSE REIMBURSEMENT REQUEST	
original required receipts and signatures.  *** Per Roard 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 @ Lor	Other Expenses Total	***
Charge @	Other Expenses	***
Date # Miles Charge @ Lor	Other Expenses Total	
Date # Miles Charge @ Lor	Other Expenses Total	
Date # Miles Charge @ Lor	Other Expenses Total	
Date # Miles Charge @ Lor	Other Expenses Total	***
Date # Miles Charge @ Lor	Other Expenses Total	***
Date # Miles Charge @ Lor	Other Expenses Total	***
Date # Miles Charge @ Lor	Other Expenses Total	***
Date # Miles Charge @ Loc	Meals Other Expenses Total Amount Explanation	
Date # Miles Charge @ \$.46  Loc \$.46  Loc Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Meals Amount Explanation  Total  Amount Explanation  Pabove statement were incurred by an official business; that they are proper	
Date # Miles Charge @ Loc \$.46  Loc Affidavit: I hereby certify that all expenses included in the	Meals Amount Explanation  Total  Amount Explanation  Pabove statement were incurred by an official business; that they are proper county Board of Education; and that all	
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	Amount Explanation  Total  above statement were incurred by an official business; that they are proper county Board of Education; and that all f my knowledge.  Reimbursement Due  Central Office Use:	
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	Meals Amount Explanation  Total  Amount Explanation  Pabove statement were incurred by an official business; that they are proper county Board of Education; and that all	

Darde Dardia	· - Th
Employee Name Demok Perdve	_Date Submitted
School/Work Site F5/NG	
	61000
Name of Meeting/Conference This House July 18th - 28th 2023 [	Departure Time 6,000 an Return Time 7. 177
Place of Meeting/Conference Galt forst Louisv.	a ky
Rationale for Attendance Anna Crafeloice	
Expenses paid by: SBDM YPD Spec Ed KETS O	ther (MUST Specify)
Estimated Expenses:	Oll Tables European
Registration Lodging Meals Mileage So.46 per mile	Airfare Substitute Other Total Est. Expenses
Principal Signature: G	irant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	7/19/5
ReasonSuperintende	nt Signature Date
The Individual Control	TO SECULATION OF SECULATION
	EXPENSE REIMBURSEMENT REQUEST  ats MUST be submitted within thirty (30) days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen	ots MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursemen  Charge @ Lodging Mea	Other Expenses  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement  Date # Miles Charge @ Lodging Mea  \$.46	Other Expenses Is Amount Explanation  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ Lodging Mea \$.46 Lodging Mea	Other Expenses Is Amount Explanation  Total  Amount Explanation  Reimbursement Due
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ Lodging Mea \$.46 Lodging Mea  Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that the same of the same	Other Expenses Is Amount Explanation  Total  Pere incurred by an at they are proper cation; and that all
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ \$.46 Lodging Mea \$.46  Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Education of the property of the p	Other Expenses Is Amount Explanation  Total  Amount Explanation  Pere incurred by an at they are proper cation; and that all  Central Office Use:
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Date # Miles Charge @ \$.46 Lodging Mea \$.46  Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Education of the property of the p	Other Expenses Is Amount Explanation  Total  Amount Explanation  Reimbursement Due  Central Office Use:
Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Educated Hornished here within is true and correct to the best of my knowledge.	Other Expenses Is Amount Explanation  Total  Amount Explanation  Reimbursement Due  Central Office Use:
Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Educ data furnished here within is true and correct to the best of my knowledge.	Other Expenses Is Amount Explanation  Total  Amount Explanation  Reimbursement Due  Central Office Use:

Employee Name -	Jaxon	Grove	Date	Submitted		7/17/23	
School/Work Site	Fronkle	n-Simp	sm Middle	Scho	ol	18th 19	
Name of Mosting/Conf	erence k	LASA (	mterence				Wiles
Date(s) of Meeting/Con	ference	ple -7/2	8 Depart	ture Time _	6:1	CReturn Time	e_4:10
Place of Meeting/Confe	rence	Gast Hos	use in f	ouisvi	lle,	Ky	
Rationale for Attendance	e Admi	inis trative	Conference	<u> </u>	-		
Expenses paid by:	SBDM PD	☐ Spec Ed	☐ KETS ☐ Other (	MUST Speci	ify)		
Estimated Expenses:							
Registration Lod	See po	Meals blicy on back* \$	Mileage Airfa 0.46 per mile	\$1	oo per d	ay	S COMO 80
Principal Signature:	/ /	Mum	Grant/A	Admin:	Requ	uired if Expenses are Paic	by Grant Funds
Prior Superintendent A			1	Til			7/108/2
Approved			Superintendent Sign	nature			Date
		The second					
Submit this section upon original required re	ceints and signa					BURSEMENT	
RESERVED TO THE REAL PROPERTY.	5 and 03.225: "Ou Charge @	t-of-District Trave			Other	Expenses	travel return date.*** Total
	5 and 03.225: "Ou		Meals	Amount	Other	Expenses Explanation	Total
RESERVED TO THE REAL PROPERTY.	5 and 03.225: "Ou Charge @		Meals & 20		Other	Expenses	J. J
Date # Miles	5 and 03.225: "Ou Charge @		# 20 # 40		Other	Expenses	StiZo \$40
Date # Miles	5 and 03.225: "Ou Charge @		Meals & 20		Other	Expenses	J. J
Date # Miles	5 and 03.225: "Ou Charge @		# 20 # 40		Other	Expenses	StiZo \$40
Date # Miles	5 and 03.225: "Ou Charge @		# 20 # 40		Other	Expenses	StiZo \$40
Date # Miles	5 and 03.225: "Ou Charge @		# 20 # 40		Other	Expenses	StiZo \$40
Date # Miles	5 and 03.225: "Ou Charge @		# 20 # 40		Other	Expenses	StiZo \$40
Date # Miles 7/26 7/27 7/28	Charge @ \$.46	Lodging	Meals  # 20 # 40 # 20	Amount	Other	Expenses	StiZo \$40
Date # Miles	Charge @ \$.46  state all expenses in the Schools in the pursement from the pursement from the state of the st	Lodging  Lodging  acluded in the above capacity of office he Simpson Coun	Meals  ### ### ############################	Amount	Other	Explanation  Explanation	#40 \$ 20
Date # Miles 7/26 7/27 7/28  Affidavit: I hereby certify themployee of Simpson Courcharges qualifying for reimledata furnished here within in	Charge @ \$.46  state all expenses in the Schools in the pursement from the pursement from the state of the st	Lodging  Lodging  acluded in the above capacity of office he Simpson Coun	Meals  ### ### ############################	Amount	Other	Explanation  Explanation  eimbursement Due  ral Office Use:	#40 \$ 20
Date # Miles 7/24 7/27 7/28  Affidavit: I hereby certify themployee of Simpson Court charges qualifying for reim	Charge @ \$.46  state all expenses in the Schools in the pursement from the pursement from the state of the st	Lodging  Lodging  acluded in the above capacity of office he Simpson Coun	Meals  ### ### ############################	Amount	R	Explanation  Explanation  eimbursement Due  ral Office Use:	#40 \$ 20

Employee N	ame <u>leah</u>	Wood		Date	Submitted	7.00.03	)	
	k Site F3F							
Name of Me	eting/Confere	ence KAS/	4					
		rence <u>7. کاه -</u>		Depart	ure Time	8:30am	Return Time	1:00pm
Place of Mee	eting/Confere	nce Galt H	оизе					
Rationale fo	r Attendance	Admin +	Instructio	nal Confe	rence			
Expenses pa		- /	□ Spec Ed □ KE			fy)		
Estimated Ex	xpenses:							
Registratio	n Lodgir			The second secon			Other To	tal Est. Expenses
		See policy	on back* \$0.46 pe	r mile	\$10	00 per day	3	s 80
						8/211	1 4	
	nature:			Grant/A	dmin:	Required if Exp	enses are Paid k	by Grant Funds
	ntendent App			491	1	,		2/20
	vedNC	ot Approved	Sune	rintendent Sign	ature			Date
			oupc	Time nacine oig.				
original	required recei	returning. Including in the property in the pr		VEL EXPE				
*** Per Board		Charge @			r be submitte	Other Expenses	Tays or the tr	Total
Date	# Miles	\$.46	Lodging	Meals	Amount	Expla	nation	lotai
						,		
						9		
						9		
Affidavit: I her	reby certify that	all expenses inclu	ded in the above sta	tement were incur	rred by an	Reimburse	ement Due	
employee of S	Simpson County ying for reimbur	Schools in the carsement from the	pacity of official bus Simpson County Boa	siness; that they a rd of Education; a	re proper nd that all		- 1-10 1-10-	
employee of S	Simpson County ying for reimbur	Schools in the carsement from the	pacity of official bus	siness; that they a rd of Education; a	re proper nd that all	Reimburse Central Office	- 1-10 1-10-	
employee of S	Simpson County ying for reimbur	Schools in the carsement from the	pacity of official bus Simpson County Boa	siness; that they a rd of Education; a	re proper nd that all	Central Office	- 1-10 1-10-	
employee of S	Simpson County ying for reimbur I here within is tr	Schools in the carsement from the	pacity of official bus Simpson County Boa	siness; that they a rd of Education; a	re proper nd that all		- 1-10 1-10-	
employee of s charges qualif data furnished	Simpson County ying for reimbur I here within is tr	Schools in the carsement from the	pacity of official bus Simpson County Boa	siness; that they a rd of Education; a edge.	re proper nd that all	Central Office	- 1-10 1-10-	

Employee Name Samuer Krsscin	Date Submitted	J
School/Work Site FSHS		
Name of Meeting/Conference KASA		
Date(s) of Meeting/Conference July 26-28, 200	3 Departure Time 17:00 PM Return Time 12:00	PM
Place of Meeting/Conference GALT House Hor	EL, LOUISVICKE, MY	
Rationale for Attendance PD for School LE	no Existing	
Expenses paid by: SBDM PD Spec Ed C	KETS 🗖 Other (MUST Specify) <u>Co</u> .	
Estimated Expenses:		
See policy on back* \$0.	lileage Airfare Substitute Other Total Est. Expense Spermile \$100 per day	enses
Principal Signature:  Prior Superintendent Approval:	Grant/Admin: Required if Expenses are Paid by Grant Fund	s
Approved Not Approved	1-5/1	la la
	perintendent Signature Da	ate
original required receipts and signatures.	RAVEL EXPENSE REIMBURSEMENT REQUE	ST
	eimbursements MUST be submitted within thirty (30) days of the travel return d	ate.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Amount Explanation  Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Other Expenses Total	ate.***
Date # Miles Charge @ Lodging	Meals Amount Explanation Total	ate.***
Date # Miles \$.46 Lodging  \$.46  Affidavit: I hereby certify that all expenses included in the above	Meals Amount Explanation Total  Amount Explanation  Statement were incurred by an Reimbursement Due	ate.***
Date # Miles Charge @ Lodging	Meals  Amount  Explanation  Total  Statement were incurred by an business; that they are proper Board of Education; and that all	ate.***
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my known and correct to the	Meals  Amount  Explanation  Total  Statement were incurred by an business; that they are proper Board of Education; and that all owledge.  Central Office Use:	ate.***
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	Meals  Amount  Explanation  Total  Statement were incurred by an business; that they are proper Board of Education; and that all	ate.***

Date(s) of Meeting/Conference	est Campus ucky Association of School Ac	e <u>(0.00 KM</u> Return Time <u>(0.00 FM</u>
Expenses paid by: SBDM PD	☐ Spec Ed ☐ KETS ☐ Other (MUST Sp	pecify)
Estimated Expenses:		
1108.001	Mileage Airfare  So.46 per mile  Grant/Admin:  Superintendent Signature	Substitute Other Total Est. Expenses \$100 per day  Required if Expenses are Paid by Grant Funds  7 25 23  Date
Submit this section upon returning. Inclu original required receipts and signatu	ires. TRAVEL EXPENSE	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03:225: "Out-	of-District Travel Reimbursements MUST be subm	itted within thirty (30) days of the travel return date.***
Date # Miles Charge @ \$.46		Other Expenses Total
Charge @	Fodging Meals	Other Expenses Total
Charge @	Fodging Meals	Other Expenses Total
Charge @	Fodging Meals	Other Expenses Total
Charge @	Fodging Meals	Other Expenses Total
Charge @	Fodging Meals	Other Expenses Total
Charge @	Fodging Meals	Other Expenses Total
Affidavit: I hereby certify that all expenses incluemployee of Simpson County Schools in the c	uded in the above statement were incurred by an apacity of official business; that they are proper Simpson County Board of Education; and that all	Other Expenses unt Explanation  Total  Reimbursement Due
Affidavit: I hereby certify that all expenses incluently employee of Simpson County Schools in the charges qualifying for reimbursement from the	uded in the above statement were incurred by an apacity of official business; that they are proper Simpson County Board of Education; and that all	Other Expenses unt Explanation  Total  Reimbursement Due
Affidavit: I hereby certify that all expenses incluemployee of Simpson County Schools in the charges qualifying for reimbursement from the	uded in the above statement were incurred by an apacity of official business; that they are proper Simpson County Board of Education; and that all	Other Expenses unt Explanation  Total  Reimbursement Due

Employee Name RAIL	( Lest		Date	Submitted	7/17/23	
School/Work Site _ Operan	hons/Treasy	sortetros				
Name of Meeting/Conference						
Date(s) of Meeting/Conferen			Depart	ure Time 🗸	2:00 Am Return Time	e 4:30 p.m.
Place of Meeting/Conference	GALL House	1 - Lou			<u> </u>	
Rationale for Attendance	eadersp Of	portuit	cs for Gra	with 2 1	ewopment	
Expenses paid by:	M d PD □ Sp	ec Ed 🛭 K	ETS 🗆 Other (f	MUST Spec	ify)	
Estimated Expenses:					5	
Registration Lodging	Meals See policy on back	4	er mile		00 per day	otal Est. Expenses
*379.00 \$405.16	120.	123	•			
Principal Signature:	let		Grant/A	dmin:	Mulu sm	4
Prior Superintendent Approva	<u>al</u> :		1	11	Required if Expenses are Paid	by Grant Funds
Approved Not A	pproved	_	18	<u>/_</u>		7/18/25
Reason		Supe	erintendent Sign	ature		' 'Date
original required receipts		ELZY	AACT TVL	H JCFI.	EIMBURSEMENT	VERALA.
*** Per Board Policy 03.125 and 0	harge @	33.1	是 E.E.W. 医中次 一	Γ be submitte	ed within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 and 0	harge @	ict Travel Rein Lodging	nbursements MUS Meals	F be submitte Amoun	Other Expenses	travel return date.*** Total
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
*** Per Board Policy 03.125 and 0	Charge @	33.1	是 E.E.W. 医中次 一		Other Expenses	
Date # Miles C	Charge @ I	odging	Meals	Amoun	Other Expenses	
Date # Miles C    Date	charge @   I	odging  the above sta	Meals  atement were incursiness; that they a	Amoun	Other Expenses t Explanation	
Date # Miles C  7/26  Affidavit: I hereby certify that all e	expenses included in ools in the capacity ent from the Simps	odging  the above star of official but on County Boar	Meals  atement were incursiness; that they are of Education; a	Amoun	Other Expenses t Explanation	
Pate # Miles Company Scherges qualifying for reimbursem.	expenses included in ools in the capacity ent from the Simps	odging  the above star of official but on County Boar	Meals  atement were incursiness; that they are of Education; a	Amoun	Other Expenses  Explanation  Reimbursement Due	
Date # Miles  The model of the second of the	expenses included in ools in the capacity ent from the Simps	odging  the above star of official but on County Boar	Meals  atement were incursiness; that they are of Education; and the second sec	Amoun	Reimbursement Due  Central Office Use:	

Employee Name Jernifer Elli School/Work Site FSHS	Date Subr	nitted 7/25	1/2023
Name of Meeting/Conference  Date(s) of Meeting/Conference	ot. Ag Program. 2023 Departure T	ime <u>8:30am</u>	Return Time 4:30pm
Place of Meeting/Conference 36. In Conference	dependent Schi	30t 20c	
Parning al	nut by dent.	79.	
Expenses paid by: 🗆 SBDM 🗆 PD 🗀 Spe	c Ed KETS Other To	od Zervic	<u>e</u>
Estimated Expenses:	·		
Registration Lodging Meals See policy on back	\$22.14	Substitute \$100 per day	Other Total Est. Expenses
Principal Signature: ACAO KILLAG Prior Superintendent Approval:	Grant/Admin		penses are Paid by Grant Funds
Approved Not Approved	18h		7/31/23
Reason	Superintendent Signature		<b>V</b> Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENS	E REIMBUR	SEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District	ct Travel Reimbursements MUST be su		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @	ndging Meals	Other Expense	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.41  Lo  S.41  Affidavit: I hereby certify that all expenses included in the capacity of the capa	the above statement were incurred by of official business; that they are pro	Other Expense mount Exp  An Reimbur oper	s Total
Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.41  Lo	the above statement were incurred by of official business; that they are pron County Board of Education; and tha	Other Expense mount Exp  An Reimbur oper	s Total anation  sement Due
Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.41  Lo  S.41  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incurred by of official business; that they are pron County Board of Education; and tha	Other Expense mount Exp  An Reimbur uper t all	s Total anation  sement Due

Littpioy of them.	helse Gue	<u> </u>	Date	Submitted	7-	25-2023	
School/Work Site	>						
	S BAC	C Training					
Date(s) of Meeting/Conferen	nce 8-21-	23-8-22-	23 Depart	ure Time _	4:00 pn	1Return Tim	ne 6:00 pm
Place of Meeting/Conference	ce Holid	lay Inn, L	exington, k	<u>:</u> y			
Rationale for Attendance	Training	atrly SB	AC Financial	Reportu	9		
Expenses paid by:	DM PD I	☐ Spec Ed ☐ KE	TS Other (N	//UST Speci	fy)		
Estimated Expenses:							
Registration Lodging	Me				bstitute 30 per day	Other	Total Est. Expenses
A 112.	See policy - 40	, ,			0		343.36
		-	Grant/A	dmin	11.1	- Low XI	
Principal Signature:			Grant/A	dilin. 70	Required	if Expenses are Pa	id by Grant Funds
Prior Superintendent Appro			1-01				8/3/23
ReasonNot		Supe	rintendent Sign	ature			Date
Meduo							
Submit this section upon re original required receipt	s and signatur	es.					T REQUEST
*** Per Board Policy 03.125 and		f-District Travel Rein	ME LIE SANS	r be submitte	Other Exp	enses	
Date # Miles	Charge @ \$.46	Lodging	Meals	Amoun		Explanation	Total
	7.70	AND DESCRIPTION OF THE PERSON NAMED IN					O DESIGNATION OF THE PROPERTY
	7.10						S RESIDENCE CONTRACTOR
	<b>V.</b> 10						
	<b>V.10</b>						
	<b>V.10</b>						
	<b>7.10</b>						
	<b>7.10</b>						
					Reim		
Affidavit: I hereby certify that all	I expenses inclu	apacity of official bu	isiness; that they a	ire proper	Rein	nbursement Due	
	I expenses inclu	apacity of official bu Simpson County Boa	isiness; that they a ard of Education; a	ire proper	<u> </u>		
Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburse	I expenses inclu	apacity of official bu Simpson County Boa	isiness; that they a ard of Education; a ledge.	ire proper	Central (	nbursement Due	
Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburse	I expenses inclu	apacity of official bu Simpson County Boa	isiness; that they a ard of Education; a	ire proper		nbursement Due	
Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburse data furnished here within is true	I expenses inclu	apacity of official bu Simpson County Boa	isiness; that they a ard of Education; a ledge.	ire proper	Central (	nbursement Due	

Employee Name	10 Date Submitted 07 7473
School/Work Site F S H S	
Name of Mosting/Conference GOU TVAL	ning
Date(s) of Meeting/Conference	2023 Departure Time 1:30 Return Time 12:30
Place of Meeting/Conference GRREC	
Rationale for Attendance Gain Vnou	
Expenses paid by:	KETS Other (MUST Specify)
Estimated Expenses:	Po# 60421 from CO
Registration Lodging Meals See policy on back*	Mileage \$0.46 per mile \$100 per day \$130
Principal Signature:  Prior Superintendent Approvel:  Approved Not Approved  Reason	Grant/Admin: Step Mulus Mulus Required if Expenses are Paid by Grant Funds  Superintendent Signature Date
original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Translate    Date   # Miles    Charge @ Lodging   \$.46	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Total  Amount Explanation
Date # Miles Charge @ Lodgin	Other Expenses Total
Date # Miles Charge @ Lodgin	Other Expenses Total
Date # Miles Charge @ Lodgin	Other Expenses Total
Date # Miles Charge @ Lodgin	Other Expenses Total
Date # Miles Charge @ Lodgin	Other Expenses Total
Date # Miles Charge @ Lodgin	Other Expenses Total
Date # Miles Charge @ \$.46 Lodgir \$.46  Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of	Meals Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due   Reimbursement Due   Reimbursement Due
Date # Miles Charge @ Lodgir \$.46  Lodgir	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  Reimbursement Due  Reimbursement Due
Date # Miles Charge @ \$.46 Lodgir \$.46  Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the simpson County Schools in the capacity of the charges qualifying for reimbursement from the charges qualifying for reimbursement from the charges qualifying for reimbursement from the capacity of the charges qualifying for reimbursement from the charges qualifying for reimbursement from the charges qualifying for reimbursement from the charges qualifying for reimbursement fro	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  Reimbursement Due  Reimbursement Due

Employee Na	ame_Sho	Una Su	etn	Date	Submitte	1_7-	13-202	3
m   1/54/mil	. cia - C/1	2						
Name of Me	eting/Confere	ence Cont	muous In	provement	Confee	enco		
Date(s) of M	eeting/Confe	rence <u>9-24</u>	7nuous In 1-23-9-2	6-23 Depart	ure Time	6:00 4	Return Tir	me 6:00 pm
Place of Mee	eting/Confere	nce Hilton	Lexington,					
Rationale for	Attendance	Annual	Conkreme				3	
Expenses pai	id by: 🗆 S	BDM PD 1	□ Spec Ed □ K	ETS 1 Other (N	MUST Spec	ify)	Χ	
Estimated Ex								
Registratio		See policy	on back* \$0.46 p		Control of the Control	u <b>bstitute</b> 100 per day	Other	Total Est. Expenses
	434.	83 120	. 138	•		7.		
Principal Sign	nature:			Grant/A	dmin:	Shell	ed if Expenses are Pa	id by Grant Funds
Prior Superin	tendent App	roval:			1	Require	or expenses are Pa	and by Grant Fulld
Approv	ved No	ot Approved	and the second		$\bigcirc$	Sh	(	8/5/2
Reason			Supe	erintendent Sign	ature			Date
original	required recei	returning. Included the property of the proper	es.	AVEL EXPE				TREQUEST
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Reir	mbursements MUST	Γ be submitt	ed within t	hirty (30) days of th	e travel return date.***
*** Per Board  Date	Policy 03.125 a	nd <b>03.225: "Out-o</b> Charge @ \$.46	f-District Travel Rein Lodging	mbursements MUST	<b>Γ be submitt</b> Amoun	Other Ex	hirty (30) days of th penses Explanation	re travel return date.*** Total
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rein			Other Ex	penses	
Date	# Miles	nd <b>03.225: "Out-o</b> Charge @ \$.46	f-District Travel Rein Lodging	Meals	Amoun	Other Ex	penses Explanation	Total
Date  Affidavit: I her	# Miles	charge @ \$.46	Lodging  Lodging  ded in the above st	Meals	Amoun	Other Ex	penses	Total
Date  Affidavit: I her employee of Scharges qualifi	# Miles  # Miles  eby certify that Simpson County ying for reimbur	charge @ \$.46 \$.46 all expenses inclu Schools in the casement from the	f-District Travel Rein Lodging	Meals  atement were incursiness; that they are ard of Education; and	Amoun	Other Ex	penses Explanation	Total
Date  Affidavit: I her employee of Scharges qualifi	# Miles  # Miles  eby certify that Simpson County ying for reimbur here within is to	charge @ \$.46 \$.46 all expenses inclu Schools in the casement from the	Lodging  Lodging  ded in the above stapacity of official be Simpson County Bo	Meals  atement were incursiness; that they are ard of Education; and	Amoun	Other Ex	penses Explanation  mbursement Due	Total

Employee Name Stacy Vaughn	Date Submitted
School/Work Site Franklin El.	
Name of Marting/Conference Continuous Improvem	ent
Date(s) of Meeting/Conference Sept. 25 + 26	Departure Time $\frac{9/24 \ 0}{5:00}$ Beturn Time $\frac{9/26 \ 0:00 \ 0}{6:00}$
Place of Meeting/Conference Central Bank Center	Lexington, MY
Rationale for Attendance <u>Proffesional Development</u> or	KSA, SKAS accountability
Expenses paid by:	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back* \$0.46 per mile  Pd. by Sheling \$100 School Van	Airfare Substitute Other Total Est. Expenses \$100 per day
Principal Signature:C Prior Superintendent Approval:	Grant/Admin:
Approved Not Approved	7/25/23
Reason Superintende	ent Signature Date
Oliginal regulier receipts and organism	EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement Charge @ Lodeing Mos	Other Expenses
Date # Miles \$.46 Lodging Mea	ls Amount Explanation Total
	Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; that	ere incurred by an
charges qualifying for reimbursement from the Simpson County Board of Educate data furnished here within is true and correct to the best of my knowledge.	central Office Use:
	2 /22
Stacy Vaugh, 7/2	Coding
Employee Signature Date	County

Employee Name Sam Northern	Date Submi	itted <u>7/21/23</u>
School/Work Site 525		
Name of Meeting/Conference Confinue	us Improvement Sur	me <u>9/24 &amp; 5p~</u> Return Time <u>9/26 &amp; 6:30</u> p
Date(s) of Meeting/Conference September	25-26 Departure Tin	ne <u>9/24 @ 5p~</u> Return Time <u>9/26 C G: 30</u> p
Place of Meeting/Conference Central B	ank Center, Lexing	ton, Ky
Rationale for Attendance Plof. Developme	nt for Tol Team	
	ec Ed	Specify)
Estimated Expenses:		
Registration Lodging Meals See policy on back	Mileage Airfare «* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
+ 185 + 100		
Principal Signature:	Grant/Admin:	Sheli Smit
Prior Superintendent Approval:	1	Required if Expenses are Paid by Grant Funds
Approved Not Approved		S/ 7/25/23
Reason	Superintendent Signature	( Date
Submit this section upon returning. Include any original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-Distri	I LAACT EVLEINSE	REIMBURSEMENT REQUEST mitted within thirty (30) days of the travel return date.***
Date # Miles Charge @ Lo	odging Meals Am	Other Expenses  ount Explanation  Total
	ul above shake a subject to the surrend by 2	Reimbursement Due
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	of official business; that they are prope	er
charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes	t of my knowledge.	Central Office Use:
Dan 6 other	7/21/23	
Employee Signature	Date	Coding
Supervisor Signature	Date	CFO Approval

Employee Name Kim Whitney		
School/Work Site SES/LES	•	
Name of Meeting/Conference (Intinuo)	is Improvement Conference	
Date(s) of Meeting/Conference SCOT. 25	- Sept. 26 Departure Time 6:00 am Return Time 8:00 p	m
Place of Meeting/Conference CENTAL BA	ak Center - Lexington, Ky	_
Rationale for Attendance <u>CIA</u> term	attending-awareness of new Strategies Ed OKETS TOTHER (MUST Specify) TO	_
Expenses paid by: 🗆 SBDM 🔑 D 🗆 Spec	Ed KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals	Mileage Airfare Substitute Other Total Est. Expens	ses
See policy on back*	\$0.46 per mile \$100 per day 80.00	
00.00	7000	
Principal Signature:	Grant/Admin: Muli Anuly	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds	
V Approved Not Approved	8/3/2	3_
Reason	Superintendent Signature Date	2
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUES	Т
		4. 4. 4.
	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses	e.***
Charge @	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses Total Amount Explanation	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Other Expenses Total	e.***
Date # Miles Charge @ Loc	Iging Meals Amount Explanation  Total	e.***
Date # Miles Charge @ \$.46 Loc \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Amount Explanation  Total  Amount Explanation  Total  Per above statement were incurred by an afficial business; that they are proper	e.***
Date # Miles Charge @ \$.46 Loc  \$.46 Loc  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	Plaing Meals Amount Explanation  Amount Explanation  Explanation  Total  Periodic above statement were incurred by an incident of the foliation of the foliatio	e.***
Date # Miles Charge @ \$.46 Loc \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Plaing Meals Amount Explanation  Amount Explanation  Explanation  Total  Periodic above statement were incurred by an incident of the foliation of the foliatio	e.***
Date # Miles Charge @ \$.46 Loc \$.46 Loc  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best of the second content of the content of the capacity of the capa	Reimbursement Due  Total  Reimbursement Due  Total  Reimbursement Due  Total  Central Office Use:	e.***
Date # Miles Charge @ \$.46 Loc  \$.46 Loc  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	Plaing Meals Amount Explanation  Amount Explanation  Explanation  Total  Periodic above statement were incurred by an incident of the foliation of the foliatio	e.***