

Floyd County Schools

Superintendents Travel & Timesheet

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

***Presented to the Floyd County Board of Education,
meeting in Regular session
August 28, 2023***



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 CO

Employee Name Anna Shepherd

Month/Year July 2023

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------------|---------|-----------|----------|--------|----------|
| DAY | DAY | DAY | DAY | DAY | DAY | DAY |
| DAY 2 | HA | NC 4 | NC 5 | NC 6 | NC 7 | DAY 8 |
| DAY 9 | C 10 | C 11 | C 12 | C 13 | C 14 | DAY 15 |
| DAY 16 | C 17 | C 18 | C 19 | C 20 | C 21 | DAY 22 |
| DAY 23 | C 24 | C 25 | C 26 | C 27 | C 28 | DAY 29 |
| DAY 30 | C 31 | 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.

| THIS Period | TOTAL YTD |
|---------------------|-----------|
| Total Contract Days | 16 |
| Total Holidays | 1 |
| Total PD Days | |
| Total Sick Days | |
| Total Personal Days | |
| Total Emergency | |
| Total Paid Days | 17 |
| Total Non-Contract | 4 |

Employee Signature Anna W. Shepherd

Date 7-31-23

Supervisor Signature _____

Date _____

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

Travel Request Form Floyd County Schools

Name Anna W. Shepherd SSN#

Employee School/Location
Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State
KEDC Board Meeting/Lexington, KY

| | DATE | TIME | TRAVEL LOCATIONS | |
|-----------|----------|---------|------------------|----------------|
| DEPARTURE | 09/20/23 | 6:40 PM | FROM | Staffordsville |
| RETURN | 09/21/23 | 4:00 PM | TO | Lexington |

MUNIS CODING

| ORG | OBJECT | PROJECT | DISCRPTION |
|---------|--------|---------|-------------|
| 0011075 | 0580 | | TRAVEL |
| | 0585 | | SUBSISTENCE |
| | 0586 | | LODGING |
| | | | OTHER |

Estimated Employee Expenditure Reimbursement

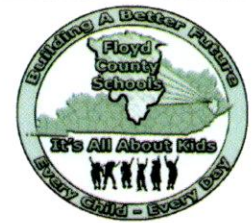
| | | ENTER MILES OR NUMBER OF DAYS | Amounts requested |
|---|--------------------------------------|-------------------------------|-------------------|
| Mileage (@ \$ 0.46 per mile) | MILEAGE RATE(07-01-23 THRU 09-30-23) | \$ 0.46 | 222 \$ 102.12 |
| Bus/Airfare | Amount Per Day | | |
| Subsistence (Overnight stay required) | Amount Per Day | | \$ 36.00 |
| Lodging (Do not include direct billing to BOE) | Amount Per Day | | |
| Miscellaneous Reimbursable Expenses | | | |
| TOTAL ESTIMATED EXPENSES TO BE REIMBURSED | | | \$ 138.12 |

Statement of Rationale for Attendance

Anna W. Shepherd 8-17-23
 Signature of Applicant 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 W. Shepherd SSN#

Employee School/Location
Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State
KASS Fall Superintendent Summit/Lexington, KY

| | DATE | TIME | TRAVEL LOCATIONS | |
|-----------|----------|------|------------------|----------------|
| DEPARTURE | 09/24/23 | | FROM | Staffordsville |
| RETURN | 09/26/23 | | TO | Lexington |

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

Mileage (@ \$ 0.46 per mile)

MILEAGE RATE(07-01-23 THRU 09-30-23)

| | ENTER MILES OR NUMBER OF DAYS | Amounts requested |
|--|-------------------------------|-------------------|
| \$ 0.46 | 222 | \$ 102.12 |
| Amount Per Day | | |
| Amount Per Day | | \$ 70.00 |
| Amount Per Day | | |
| TOTAL ESTIMATED EXPENSES TO BE REIMBURSED | | \$ 172.12 |

Bus/Airfare

Subsistence (Overnight stay required)

Lodging (Do not include direct billing to BOE)

Miscellaneous Reimbursable Expenses

Statement of Rationale for Attendance

Blank lines for rationale.

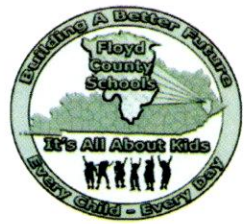
Anna W. Shepherd
Signature of Applicant

8-17-23
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 W. Shepherd SSN#

Employee School/Location

Central Office, Superintendent/Eastern, KY

Conference/Workshop, City & State

KVEC Board Meeting, Hazard, KY

| | DATE | TIME | TRAVEL LOCATIONS | |
|-----------|----------|------|------------------|---------|
| DEPARTURE | 09/28/23 | | FROM | Eastern |
| RETURN | 09/28/23 | | TO | Hazard |

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 (@ \$ 0.46 per mile) | MILEAGE RATE(07-01-23 THRU 09-30-23) | \$ 0.46 | 222 \$ - |
| 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 Date 8-17-23

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.

