SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

- Dam NONT	heinDate Submitted
Employee Name Sam NOST School/Work Site SES/LES	
School/Work Site	Kaisht Tastyustimal Conchine PD
Name of Meeting/Conference VIII	Knight Instructional Couching PD 16-18, 2023 Departure Time Och 16e4am Return Time Och 18e1
Date(s) of Meeting/Conference	i 1 () Separture rime of A Oct of Separture
Place of Meeting/Conference	inctional Coaching 10 at Urlando 1 1011111
Rationale for Attendance Teaching	ructional Coaching PD at Orlando, Florida 1 x Learning PD that focuses on instructional Coaching
Expenses paid by: 🔲 SBDM 🗹 PD	☐ Spec Ed ☐ KETS ☐ Other (MUST Specify)
Estimated Expenses:	
See polic	leals Mileage Airfare Substitute Other Total Est. Expenses \$100 per day 20 197, 96
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	Required if Expenses are raid by Grant Tylinds
V Approved Not Approved	Superintendent Signature Date
Reason	Superintendent Signature Date
Submit this section upon returning, inclu original required receipts and signatu	ires. TRAVEL EXPENSE REHAIDONSLIVIENT REQUEST
THE RESERVE THE PARTY OF THE PA	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out- Date # Miles \$.46	of-District Travel Reimbursements MOST be submitted Within thirty (30) days of the travel return date. Other Expenses Lodging Meals Amount Explanation
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @ \$.46 Affidavit: hereby certify that all expenses incl	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Amount Explanation
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses incleemployee of Simpson County Schools in the contraction of the contra	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due Simpson County Board of Education; and that all of the best of my knowledge. Central Office Use:
Affidavit: I hereby certify that all expenses incleemployee of Simpson County Schools in the charges qualifying for reimbursement from the	Lodging Meals Amount Explanation Total uded in the above statement were incurred by an capacity of official business; that they are proper estimpson County Board of Education; and that all to the best of my knowledge. Solution In the Explanation Reimbursement Due Central Office Use:
Affidavit: I hereby certify that all expenses incleemployee of Simpson County Schools in the charges qualifying for reimbursement from the	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due Simpson County Board of Education; and that all of the best of my knowledge. Central Office Use:
Affidavit: I hereby certify that all expenses incleemployee of Simpson County Schools in the charges qualifying for reimbursement from the data furnished here within is true and correct to	Lodging Meals Amount Explanation Total uded in the above statement were incurred by an capacity of official business; that they are proper explanation in the best of my knowledge. Simpson County Board of Education; and that all to the best of my knowledge. Central Office Use:

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Defrie	k Per	lve	Dat	e Submitte	d <u>08/0</u>	1/2023	
School/Work Site FSM	9						
Name of Meeting/Conferen	ce Jim K	right Dis	trotuna!	Coaching	Confere	71 C	
Name of Meeting/Conferen Date(s) of Meeting/Confere			`Depar	ture Time	3:00 am	Return Time	11:10 pm
Place of Meeting/Conference							
Rationale for Attendance	Proffessin	al Develo	pro-T		*A		
Expenses paid by:	DM 🗹 PD 🛭	☐ Spec Ed ☐ H	KETS DOther (MUST Spe	cify) 10		
Estimated Expenses:							
Registration Lodging	Mea See policy		eage Airfa		ubstitute 100 per day	Other T	otal Est. Expenses
\$775 \$44B	\$120.		\$197			\$	1540,96
D			Grant/	Admin:	Xhui-	South	5
Principal Signature: Prior Superintendent Appro				1/1	Required if E	expenses are Paid	by Grant Funds
Approved Not			-	She	_		8/3/2
Reason		Sup	erintendent Sigi	nature			Date
Submit this section upon re original required receipt		CONTRACTOR OF THE PARTY OF THE	AVEL EXP	ENSE R	EIMBUR	SEMENT	REQUEST
*** Per Board Policy 03.125 and			imbursements MUS	T be submitt			travel return date.***
*** Per Board Policy 03.125 and Date # Miles			imbursements MUS	Amour	Other Expens		travel return date.*** Total
	03.225: "Out-of	-District Travel Re			Other Expens	es	
	03.225: "Out-of	-District Travel Re			Other Expens	es	
	03.225: "Out-of	-District Travel Re			Other Expens	es	
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	03.225: "Out-of	-District Travel Re			Other Expens	es	
	03.225: "Out-of	-District Travel Re			Other Expens	es	
Date # Miles	03.225: "Out-of Charge @ \$.46	-District Travel Re Lodging	Meals	Amour	Other Expens	es planation	
Affidavit: I hereby certify that all employee of Simpson County So	O3.225: "Out-of Charge @ \$.46 \$.46	Lodging Lodging led in the above spacity of official b	Meals tatement were incursiness; that they	Amour	Other Expens	es	
Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburse	O3.225: "Out-of- Charge @ \$.46 s.46 expenses include thools in the capment from the S	Lodging Lodging led in the above spacity of official bimpson County Bo	Meals tatement were incursiness; that they pard of Education; a	Amour	Other Expens	es planation rsement Due	
Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburse data furnished here within is true	Charge @ \$.46 expenses include thools in the capment from the Seand correct to the seand cor	Lodging led in the above spacity of official bimpson County Bothe best of my known	Meals tatement were incursiness; that they pard of Education; a wledge.	Amour arred by an are proper	Other Expens	es planation rsement Due	
Affidavit: I hereby certify that all employee of Simpson County So charges qualifying for reimburse data furnished here within is true.	Charge @ \$.46 expenses include thools in the capment from the Seand correct to the seand cor	Lodging led in the above spacity of official bimpson County Bothe best of my known	Meals tatement were incursiness; that they pard of Education; a	Amour arred by an are proper	Other Expens	es planation rsement Due	
Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburse data furnished here within is true	Charge @ \$.46 expenses include thools in the capment from the Seand correct to the seand cor	Lodging led in the above spacity of official bimpson County Bothe best of my known	Meals tatement were incursiness; that they pard of Education; a wledge.	Amour arred by an are proper	Reimbut Central Office	es planation rsement Due	

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Na	ameSt	acy Vai	ighn		Date Submit	ted	8 1 2023	
School/Work	SiteF	ES	<i></i>				_	
Name of Med	eting/Confere	ence Jim K	night I	nstruction	mal Coaci	hing C	enference	
Date(s) of Mo	eeting/Confe	rence <u>OG</u>	16-18		Departure Tim	e3:00	Dam_Return Time	11:10 pm
		nce <u>Orlar</u>						
Rationale for		Profes		*/			Th	
Expenses pai	id by: 🔲 S	BDM PD	☐ Spec Ed	□ KETS 垃	Other (MUST Sp	ecify) _	l D	
Estimated Ex	penses:							
Registratio	n Lodgir		e als y on back* \$	Mileage 0.46 per mile	Airfare	Substitu \$100 per d		otal Est. Expenses
\$775	\$44	6			\$ 197.96	1		\$ 1540.96
Principal Sign	nature:				Grant/Admin: _	Son	ni Smitt	5
	tendent App	roval:		1	On	Requ	uired if Expenses are Paid	by Grant Funds
✓ Approv	/ed No	ot Approved		1	-XIL			8 (3 /23
Reason				Superintende	nt Signature			Date
ATTENDED AND ADDRESS OF		pts and signatu						
*** Per Board Date		nd 03.225: "Out-c Charge @		l Reimbursemer	ıls	Other	in thirty (30) days of the t r Expenses Explanation	travel return date.*** Total
	Policy 03.125 at	nd 03.225: "Out-c	of-District Trave			Other		Tell a service
	Policy 03.125 at	nd 03.225: "Out-c Charge @	of-District Trave		ıls	Other	r Expenses	Tell a service
	Policy 03.125 at	nd 03.225: "Out-c Charge @	of-District Trave		ıls	Other	r Expenses	Tell a service
	Policy 03.125 at	nd 03.225: "Out-c Charge @	of-District Trave		ıls	Other	r Expenses	Tell a service
	Policy 03.125 at	nd 03.225: "Out-c Charge @	of-District Trave		ıls	Other	r Expenses	Tell a service
	Policy 03.125 at	nd 03.225: "Out-c Charge @	of-District Trave		ıls	Other	r Expenses	Tell a service
	Policy 03.125 at	nd 03.225: "Out-c Charge @	of-District Trave		ıls	Other	r Expenses	Tell a service
Date	# Miles	nd 03.225: "Out-o	f-District Trave	Mea	ils Amo	Other	r Expenses	Tell a service
Date Affidavit: I here employee of S	# Miles # Diles # Miles	charge @ \$.46 \$.46	Lodging Lodging ided in the aborapacity of office	ve statement w	ere incurred by an	Other	Explanation	Tell a service
Affidavit: I here employee of S charges qualify	# Miles # Wiles eby certify that simpson County ying for reimbur	charge @ \$.46 \$.46	Lodging Lodging uded in the aboapacity of offic	ve statement w ial business; that	ere incurred by an	Other	Explanation	Tell a service
Affidavit: I heremployee of Scharges qualify data furnished	# Miles # Miles eby certify that simpson County ying for reimburshere within is tr	charge @ \$.46 \$.46	Lodging Lodging uded in the aboapacity of offic	ve statement w ial business; that ty Board of Educ	ere incurred by an	Other	Explanation Explanation eimbursement Due	Tell a service
Affidavit: I heremployee of Scharges qualify data furnished	# Miles # Miles eby certify that simpson County ying for reimbur here within is tr	charge @ \$.46 \$.46	Lodging Lodging uded in the aboapacity of offic	ve statement w ial business; that ty Board of Educ	ere incurred by an at they are proper cation; and that al	Other	Explanation Explanation eimbursement Due ral Office Use:	Tell a service
Affidavit: I here employee of Scharges qualify data furnished	# Miles # Miles eby certify that simpson County ying for reimbur here within is tr	charge @ \$.46 \$.46	Lodging Lodging uded in the aboapacity of offic	ve statement will business; that knowledge.	ere incurred by an at they are proper cation; and that al	Other unt R Centr	Explanation Explanation eimbursement Due ral Office Use:	Tell a service

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kim Whithly	Date Submitted 8 1 23	
School (Work Site 185 SES		
Name of Meeting/Conference	Instructional Coaching Conference	
Date(s) of Meeting/Conference 10 14 - 10 19	Departure Time 3:10 Am Return Time 11:10	m
Place of Meeting/Conference Orlando Ti	rida	
Rationale for Attendance Professional de	relogment	
Expenses paid by: SBDM PD Spec Ed	KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Exp \$0.46 per mile \$100 per day	
\$775 \$448 \$120.	\$197.96	96
Dringing Cignotures	Grant/Admin: Shui Smith	
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fun	ds /
Approved Not Approved	8/3	/23
Reason	Superintendent Signature	ate
Submit this section upon returning, Include any		-0.
	TRAVEL EXPENSE REIMBURSEMENT REQUI	-51
original required receipts and signatures.		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be submitted within thirty (30) days of the travel return	date.***
	el Reimbursements MUST be submitted within thirty (30) days of the travel return	date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$.46 Lodging	Other Expenses Amount Explanation Total	date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above the second sec	Other Expenses Amount Explanation Total Over statement were incurred by an Other Expenses Reimbursement Jue	date.***
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$.46 Lodging \$.46 Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson County Schools in the Simpson County Schools in the Capacity of official services and services are serviced by the services and services are serviced by the services are services and services are services are services and services are services and services are services are services are services and services are	Other Expenses Meals Amount Explanation Total Over statement were incurred by an cial business; that they are proper noty Board of Education; and that all	date.***
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$.46 Lodging S.46 Affidavit: I hereby certify that all expenses included in the abeemployee of Simpson County Schools in the capacity of office."	Other Expenses Meals Amount Explanation Total Over statement were incurred by an cial business; that they are proper noty Board of Education; and that all	date.***
Pate # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of miles.	Other Expenses Meals Amount Explanation Other Expenses Total Meals Amount Explanation Reimbursement Due cial business; that they are proper nty Board of Education; and that all y knowledge. Central Office Use:	date.***
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