

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 8/1/2023
School/Work Site SES/LES
Name of Meeting/Conference Jim Knight Instructional Coaching PD
Date(s) of Meeting/Conference Oct. 16-18, 2023 Departure Time Oct 16 4am Return Time Oct. 18 @ 11pm
Place of Meeting/Conference Instructional Coaching PD at Orlando, Florida
Rationale for Attendance Teaching & Learning PD that focuses on instructional coaching
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
\$775	\$448	\$120		197. ⁹⁶			\$1540. ⁹⁶

Principal Signature: _____

Grant/Admin: _____

Prior Superintendent Approval:

Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved...

Reason _____

Superintendent Signature _____

8/3/23
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

Sam Northern
Employee Signature

8/1/2023
Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Derrick Perdue Date Submitted 08/01/2023
School/Work Site FSMS
Name of Meeting/Conference Jim Knight Instructional Coaching Conference
Date(s) of Meeting/Conference Oct 16th - 18th Departure Time 3:00 am Return Time 11:10 pm
Place of Meeting/Conference Orlando FL
Rationale for Attendance Professional Development
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$775	\$148	\$120.00		\$197.96			\$1540.96

Principal Signature: _____

Grant/Admin: Shirley Smith

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

J. Shl
Superintendent Signature

8/3/23
Date

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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[Signature] 08/01/2023
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stacy Vaughn Date Submitted 8/1/2023
School/Work Site FES
Name of Meeting/Conference Jim Knight Instructional Coaching Conference
Date(s) of Meeting/Conference Oct 16-18 Departure Time 3:00 am Return Time 11:10 pm
Place of Meeting/Conference Orlando, Florida
Rationale for Attendance Professional Development
Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TD

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$775	\$448	\$120		\$197.96			\$1540.96

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

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Stacy Vaughn 8/1/2023
Employee Signature Date

Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kim Whitney Date Submitted 8/1/23
 School/Work Site LES/SES
 Name of Meeting/Conference Jim Knight Instructional Coaching Conference
 Date(s) of Meeting/Conference 10/14 - 10/18 Departure Time 3:00 am Return Time 11:10 pm
 Place of Meeting/Conference Orlando, Florida
 Rationale for Attendance professional development
 Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TR

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$775	\$448	\$120.		\$197.96			\$1540.96

Principal Signature: _____

Grant/Admin: _____

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

Superintendent Signature

Required if Expenses are Paid by Grant Funds

8/3/23
Date

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval