Floyd County Schools

Superintendents Travel & Timesheet

For the Month Ending in August 2023 & Travel for October 2023

Presented to the Floyd County Board of Education, meeting in Regular session September 25, 2023

REV	ISED 8/21/01			Travel Request Form Floyd County Schools						
Name	Anna Shepherd									
	Employee School/Location									
	Central Off	ice, Superi	intendent/Ea	stern, KY						
			C	onference/Workshop, City & State						
	2023 Annual	State Confer	ence/Lexingtor	1, KY - KSPMA						
	DATE	TIME		TRAVEL LOCA	TIONS					
DEPARTURE		5:00pm 7:00pm	FROM	Staffordsville Lexington						
RETURN	10/19/23 JNIS CODIN									
ORG	OBJECT		DISCRIPTION			7				
0011075	0580	TROOLOT	TRAVEL			-				
	180.00		SUBSISTE	NCE		-				
	0586		The second secon	NUC		-				
	0300		LODGING			-				
		E	OTHER	malayee Francisch B	-					
			sumated El	mployee Expenditure Reimburs	ement	ENTER MILES OR NUMBER OF DAYS	OR NUMBER OF			
Mileage (@	2) \$ 0.46 per	r mile)		MILEAGE RATE(07-01-23 THRU 09-30-23)	\$ 0.46		\$	102.12		
Bus/Airfar				Amount Per Day			_	102.12		
	Ce (Overnight sta			Amount Per Day			\$	180.00		
	o not include direc			Amount Per Day			-	100.00		
Miscellane	ous Reimb	oursable E	xpenses	·						
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED \$								282.12		
			Staten	nent of Rationale for Attendance	9					
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					This was a second of the secon		-			
					Name of the last o					
Signature of	Applicant olar 6	Yearhei	Shart	pho			9.	9-23 Date		
	Superintende					•		Date		
(B) LUNCH AL (C) DINNER A (D) Save recei	JTHORIZED TR UTHORIZED TF	RAVEL 11:00 A RAVEL 5:00 F arking, fees,	A.M. THROUGH P.M. THROUGH etc over \$2,00 ;	UGH 9:00 A.M\$8.00 I 2:00 P.M\$10.00 9:00 P.M\$18.00 and lodging receipts for		Floyd County School	ar law			

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

KEV	12ED 915 110 I			Travel Request Form Floyd County Schools			
Name	Anna Shep	herd			SSNIF		·····
realis	Milita Oliop	iliciu —					
	Anna Shen	hard Sune	arintandent/	Employee School/Location Eastern, KY			
	Ailia Oliep	nera, Supe		onference/Workshop, City & State			
	VCDA Bosios	al Mosting/C					
-	DATE	TIME	avis nouse ivi	eeting Place, Paintsville, KY TRAVEL LOCAT	TONS	-	
DEPARTURE	10/17/23	5:00pm	FROM	Staffordsville	10.10		
RETURN							
MU	<i>INI</i> S CODIN	NG					
ORG	OBJECT						
0011075	0580		TRAVEL				
	0585		SUBSISTE	NCE			
	0586		LODGING				
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			OTHER	imployee Expenditure Reimburs	omont	<u> </u>	
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			State	ment of Rationale for Attendance)		
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Ţ	MARO	_W.	She	phy			9-14-23
Signature o	f Applicant						Date
Signature o	f Superintend	lent/Designe			=		Date
(B) LUNCH A (C) DINNER A (D) Save rec	UTHORIZED T AUTHORIZED T	RAVEL 11:00 FRAVEL 5:00 parking, fees	A.M. THROUG P.M. THROUG , etc over \$2.00	COUGH 9:00 A.M\$8.00 GH 2:00 P.M\$10.00 IH 9:00 P.M\$18.00 0 and lodging receipts for		Flore County	

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

KEV	ISED 8/21/01		<u> </u>	Travel Request For Floyd County School				
Name	Anna Shep	herd				SSIM		
				Employee School/Location	n			
	Anna Shep	herd, Supe	erintendent/E	astern, KY				
			Co	onference/Workshop, City &	State			
	KVEC Board	Meeting/Haz	ard, KY					
	DATE	TIME			AVEL LOCAT	TIONS		
DEPARTURE RETURN				Eastern Hazard		·····		
	JNIS CODIN	√G		I (GEG) G				
ORG	OBJECT	PROJECT	DISCRIPTION	-				
0011075	0580		TRAVEL					
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	0586		LODGING					
			OTHER					
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							ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@	@ \$ 0.46 per	r mile)		MILEAGE RATE(07-01-23 THR	RU 09-30-23)	\$ 0.46		\$ -
Bus/Airfai	ге			Amo	ount Per Day			
Subsisten	ICE (Overnight st	ay required)		Amo	ount Per Day			
Lodging (Do not include direc	ct billing to BOE)	Amo	ount Per Day			
Miscelland	eous Reimb	oursable E	xpenses					
		-		TOTAL ESTIMA	TED EXPE	NSES TO BE	REIMBURSED	\$ -
			Staten	nent of Rationale for Att	tendance	9		
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λ	10	4.1	Sh					0-14-22
Signature o	f Applicant		<u> </u>	<u>pprovi</u>				Date
Signature o	f Superintend	ent/Designe	18			•		Date
(B) LUNCH A (C) DINNER A (D) Save rece attachme (E) Expense	.UTHORIZED TI AUTHORIZED T elpts for tolls, p ent of expense i	RAVEL 11:00 FRAVEL 5:00 parking, fees, reimburseme t forms must	A.M. THROUGH P.M. THROUGH , etc over \$2.00 ent form. : be submitted fo	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 I 9:00 P.M\$18.00 and lodging receipts for or payment no later than			Floyed School State of the School Sch	OS LINOS

REVI	SED 8/21/01			Travel Request Form Floyd County Schoo						
				loya County Conco	13	ESTATE.				
Name	Anna Shep	herd								
				Employee School/Location	·					
	Anna Shep	herd, Supe	erintendent/E	•						
				onference/Workshop, City & S	tate					
	KEDC Board of Directors/Lexington, KY									
	DATE	TIME		, , , _ , , , , , , , , , , , , , , , ,	VEL LOCAT	IONS				
DEPARTURE RETURN	10/18/23 10/19/23	2pm 5pm	FROM	Staffordsville Lexington						
	INIS CODIN			<u></u>			•			
ORG	OBJECT	PROJECT	DISCRIPTION				7			
0011075	0580		TRAVEL	· · ·			7			
	0585		SUBSISTE	NCE		-	~			
	0586		LODGING							
			OTHER				7			
		E		mployee Expenditure Re	imburse	ment			<u> </u>	
								ENTER MILES Amou		
Mileage (@	3) \$ 0.46 per	r mile)		MILEAGE RATE(07-01-23 THRU	J 09-30-23)	\$ 0.4	6 22	22 \$	102.12	
Bus/Airfar	е			Amou	ınt Per Day					
Subsisten	CC (Overnight st	ay required)		Amou	int Per Day			\$	36.00	
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				TOTAL ESTIMAT	ED EXPE	NSES TO	BE REIMBURS	:D \$	138.12	
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				<u> </u>					<u> </u>	
				·						
Signature of Applicant							9	-14-23 Date		
Signature of	Аррисанс		•						Date	
Signature of Superintendent/Designee									Date	
(B) LUNCH A (C) DINNER A (D) Save rece attachme	UTHORIZED TI AUTHORIZED T Pipts for tolls, p nt of expense I	RAVEL 11:00 FRAVEL 5:00 parking, fees, reimburseme	A.M. THROUGI P.M. THROUGH , etc over \$2.00 ent form.	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 I 9:00 P.M\$18.00 and lodging receipts for or payment no later than			SECTION AND ADDRESS OF THE PARTY OF THE PART	Down R		

45 days after travel has been completed.

Floyd County Schools Salaried Time and Attendance Certification/Affidavit									
Employee Number	3aiari 12717	<u>.</u>		chool/Location (O,	S= Sick E= Emergency H= Holiday			
Employee Name	Anna Sh	pphord		Month/Year Alaz	just 2023	SC= School Clos PD= Professiona JD= Jury Duty			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	rday		
DAY	DAY	DAY -	DAY	DAY	PAY		DAY		
	<u> </u>	C	C	C	C				
DAY	PAY	DAY	DAY 9	DAY 10	DAY		DAY		
	C - (C	· C	C	C				
DAY	PAY	. DAY	DAY	949	PAY		DAY		
<u> </u>	C 17	C -	C	(<u> </u>				
. DAY	DAY 21	DAY 22	DAY 2.3	DAY	DAY 25		DAY		
		C							
DAY	C 28	DAY 29	38	DAY	DAY		DAY.		
	المق				<u></u>				
DAY	DAY	. DAY	DAY	DAY	DAY	<u></u>	DAY		
		<u> </u>	<u></u>	-					
I hereby affirm and atte	est that the information I have	ave provided is true and, u	inder the provision of la	w and Board policy, qualifi be subject to disciplinary a	les me to take the leave ction.	THIS Period	TOTAL YTE		
	A.				Total Contract Days	The second secon	39		
Employee Signature	Employee Signature Auna W Shephod Date 8-31-23 Total Holiday Total PD Day								
		•			Total Sick Days				
Supervisor Signature	Supervisor Signature Date Total Personal Da								
		and Diaman Cill archite	form with care and	l roturn it as directed	Total Emergency Total Paid Days		40		
This affidavit is esse	ntiai for payroli purpo	ses. Please fill out the incipals/Director/Supe	jorni with ture and enicor	rreturn it us unecteu	Total Non-Contract		70		
		1							