

# ***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***

## Travel Request Form Floyd County Schools

**Name** Anna Shepherd SSN#

**Employee School/Location**

Central Office, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

2023 Annual State Conference/Lexington, KY - *KSPMA*

		DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE		10/17/23	5:00pm	FROM	Staffordsville
RETURN		10/19/23	7:00pm	TO	Lexington

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	180.00		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(07-01-23 THRU 09-30-23)	\$ 0.46	222 \$ 102.12
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 180.00
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 282.12</b>

**Statement of Rationale for Attendance**

Signature of Applicant: *Anna W. Shepherd* Date: *9-8-23*

Signature of Superintendent/Designee: *Linda C. Hearheart* 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 Shepherd SSN#

**Employee School/Location**

Anna Shepherd, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KSBA Regional Meeting/Davis House Meeting Place, Paintsville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	10/17/23	5:00pm	FROM	Staffordsville
RETURN	10/17/23	8:30pm	TO	Paintsville

**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
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(07-01-23 THRU 09-30-23)	\$ 0.46	\$ -
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			\$ -

**Statement of Rationale for Attendance**

Signature of Applicant: Anna W. Shepherd Date: 9-14-23

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.



## Travel Request Form Floyd County Schools

**Name** Anna Shepherd SSN#

**Employee School/Location**

Anna Shepherd, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KVEC Board Meeting/Hazard, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	10/25/23		FROM	Eastern
RETURN	10/25/23		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
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(07-01-23 THRU 09-30-23)	\$ 0.46	\$ -
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			\$ -

**Statement of Rationale for Attendance**

Anna W. Shepherd

**Signature of Applicant** 9-14-23

**Date**

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**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

<b>Name</b>	Anna Shepherd		SSN#
<b>Employee School/Location</b>			
Anna Shepherd, Superintendent/Eastern, KY			
<b>Conference/Workshop, City &amp; State</b>			
KEDC Board of Directors/Lexington, KY			

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	10/18/23	2pm	FROM	Staffordsville
RETURN	10/19/23	5pm	TO	Lexington

**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
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(07-01-23 THRU 09-30-23)	\$ 0.46	222 \$ 102.12
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 36.00
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 138.12</b>

**Statement of Rationale for Attendance**

<p style="font-size: 24px; font-family: cursive;">Anna W. Shepherd</p>	<p style="font-size: 24px; font-family: cursive;">9-14-23</p>
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
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# 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 C.O.

Employee Name Anna Shepherd

Month/Year August 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY 1	DAY 2	DAY 3	DAY 4	DAY
	C	C	C	C	C	
DAY	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY
	C	C	C	C	C	
DAY	DAY 14	DAY 15	DAY 16	DAY 17	DAY 18	DAY
	C	C	C	C	C	
DAY	DAY 21	DAY 22	DAY 23	DAY 24	DAY 25	DAY
	C	C	C	C	C	
DAY	DAY 28	DAY 29	DAY 30	DAY 31	DAY	DAY
	C	C	C	C		
DAY	DAY	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.

Employee Signature Anna W Shepherd Date 8-31-23

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

	THIS Period	TOTAL YTD
Total Contract Days	23	39
Total Holidays		1
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		
Total Paid Days		40
Total Non-Contract		

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