Employee Na School/Work Name of Med Date(s) of Med Place of Med	eting/Conference ting/Conference Attendance d by:	ence	Required	De Travel Asst Al	parture Time	9/1/2023 Return Time  y) FSHS Athletic	
Registration	n Lodgii			<b>1ileage A</b> 16 per mile	A STATE OF THE REAL PROPERTY.	stitute Other T operday	otal Est. Expenses
Principal Sign Prior Superin Approv Reason	red No	roval: ot Approved	Su	Gra	nt/Admin:	Required if Expenses are Paid	by Grant Funds  Date
fantighte	required rece	returning. Indu ipts and signatu nd 03.225: "Out- Charge @	ires.		MUST be submitted	IMBURSEMENT within thirty (30) days of the o	
9/2 9/22	54	\$.46 24.84 34.96	20088		Amount	FOOTBALL ACS FOOTBALL BUTTERCO	24.84 34.96
HAL	76		SEP 29	ZU23			
Affidavit: I her	eby certify that	all expenses incl	uded in the above	statement were	incurred by an	Reimbursement Due	
employee of S	impson County ring for reimbur here within is to	sement from the	e Simpson County the best of my kr	Board of Education	on; and that all	Central Office Use:  0002825-05 Coding	80-7040

School/Work Site Name of Meeting/Co Date(s) of Meeting/Co	onference National onference Spartant	Beta State Spanie Tire Tire Tire Tire Sourge SC		e 27m
Principal Signature: Prior Superintendent Approved Reason	Meals See policy on back*  Approval:  Not Approved	Mileage Airfare \$0.46 per mile  Grant/Admin:  Superintendent Signature	\$100 per day  4 2 00	by Grant Funds  Date
original required *** Per Board Policy 03.	Charge @	vel Reimbursements MUST be sub	REIMBURSEMENT  mitted within thirty (30) days of the  Other Expenses	travel return date.***
employee of Simpson Co charges qualifying for rei	that all expenses included in the abounty Schools in the capacity of off mbursement from the Simpson Count is true and correct to the best of many schools.	ove statement were incurred by a cicial business; that they are property Board of Education; and that a	er	Total
Employee Signature		Date	Coding	
Supervisor Signature		Date	CFO Approval	

Employee Name	Hond	1191	Date	Submitte	ed 9.	13-23	
School/Work Site 5	ES FRO						
Name of Meeting/Confere	The state of the s	mall	nectin	×	0 0		
Date(s) of Meeting/Confe	01001	23	Depart	ture Time	9:31	Return Tim	e
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Place of Meeting/Confere		10412			0. 1	4	-
Rationale for Attendance		cl Me	eting				
Expenses paid by: 🔲 S	BDM IPD IS	Spec Ed L K	TS Other (	MUST Spe	ecity)		
Estimated Expenses:							
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Reason		Supe	rintendent Sign	nature			Date
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original required recei	A STATE OF THE PARTY OF THE PAR	III TRA	WEL EXPI		ted within th Other Exp	irty (30) days of the	
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburdata furnished here within is tr	pts and signatures.  nd 03.225: "Out-of-Dis  Charge @ \$.46  all expenses included Schools in the capaci sement from the Simp	in the above sta	tement were incursiness; that they ard of Education; a ledge.	Amou  Arred by an are proper	Reim	irty (30) days of the enses	travel return date.***
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Employee Name <u>Luanda EVERSM</u> School/Work Site <u>Faullin</u> & Lin	an Dat	e Submitted9	8 23	
Name of Meeting/Conference ASAP	com clair			
Date(s) of Meeting/Conference 9 24	23 Depa	ture Time <u>    [am</u>	Return Time	15pm
Place of Meeting/Conference Lyapun Cou	unty Dublic Lik			
Rationale for Attendance				PREVIOUS
Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spe	ec Ed	(MUST Specify)	4.8	
Estimated Expenses:			O	
Registration Lodging Meals  See policy on back		are Substitute \$100 per day		t. Expenses
1	44mi		100	1.21
Principal Signature:  Prior Superintendent Approval:  Approved Not Approved	Grant/	Admin:	if Expenses are Paid by Gra	nt Funds
Reason	Superintendent Sig	nature		Date
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ \$.46 Logo Logo Logo Logo Logo Logo Logo Log		ST be submitted within thi		
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes	of official business; that they n County Board of Education;	are proper	ffice Use:	
Employoo Signaturo	Date	Coding		
Employee Signature	Date	Coung		

Employee Name 1016	hell c	ate Submitte	d 4-15:23	
School/Work Site SE5	1 100 - 0 H - 0			
Name of Meeting/Conference	, weeting		11:02	11.00
Date(s) of Meeting/Conference	Der Der	arture Time	Return Tim	ne <u>1 : 30                                   </u>
Place of Meeting/Conference	County			
Rationale for Attendance Truinu	Ud.			
Expenses paid by: 🗆 SBDM 🗆 PD 🗀 Sp	ec Ed	er (MUST Spe	cify)	
Estimated Expenses:				
Registration Lodging Meals See policy on back			ubstitute Other 100 per day	Total Est. Expenses
Principal Signature:	Gran A	t/Admin:	Regulired if Expenses are Pai	id by Grant Funds
Reason	Superintendent S	ignature		Date
Submit this section upon returning. Include and original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District."	IKAVELEX		EIMBURSEMENT	
Charge @	Lodging Meals		Other Expenses	Total
\$.46		Amour	t Explanation	出版统图
			Reimbursement Due	
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	of official business; that the	ey are proper	Reimbursement Due	
data furnished here within is true and correct to the be	st of my knowledge.		Central Office Use:	
Employee Signature	Date		Coding	
Supervisor Signature	Date		CFO Approval	

N		W S	
Employee NameCONStance	Plune Date Su	bmitted 9 19 23	
School/Work Site	VIEW VIEW		
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Place of Meeting/Conference	gan Co. Libary Rus	sellute by 42076	
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Estimated Expenses:		- Option II	
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Principal Signature:	Grant/Adm	in: 1-2///	
Prior Superintendent Approval:	1	Required if Expenses are Paid by Gran	nt Funds
Approved Not Approved		SM 9	22/27
	Superintendent Signatu	re	Date
oog per Roam Deller og ser and se ser	TRAVEL EXPEN	SE REIMBURSEMENT REC	QUEST
Open Per Board Policy 03.125 and 03.225: "Out-of-	District Travel Reimbursements MUST be	SE REIMBURSEMENT REC submitted within thirty (30) days of the travel re	QUEST
Open Per Board Policy 03.125 and 03.225: "Out-of-	District Travel Reimbursements MUST be	submitted within thirty (30) days of the travel re	QUEST
Date # Miles Change (Co.	District Travel Reimbursements MUST be	submitted within thirty (30) days of the travel re	eturn date.***
Date # Miles Change (Co.	District Travel Reimbursements MUST be	submitted within thirty (30) days of the travel re	eturn date.***
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Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reinty schools in the capa	d in the above statement were incurred be	Submitted within thirty (30) days of the travel re	eturn date.***
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reinty schools in the capa	d in the above statement were incurred be	Amounts Explanation  Reimbursement Due  oper at all	eturn date.***
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sin data furnished here within is true and correct to the	d in the above statement were incurred be	Submitted within thirty (30) days of the travel re	eturn date.***
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reinty schools in the capa	d in the above statement were incurred backy of official business; that they are proposed to the post of my knowledge.	Amount Explanation  Reimbursement Due  central Office Use:	eturn date.***
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sin data furnished here within is true and correct to the	d in the above statement were incurred be	Amounts Explanation  Reimbursement Due  oper at all	eturn date.***

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Employee Name	y K. Ph	illips	Date	Submitted	718512	5
School/Work SiteFS	45					
Name of Meeting/Conference	ence HSA	Pueerin			18.00	<u></u>
Date(s) of Meeting/Confe	rence <u>JB</u> (	0/05	Depar	ture Time _	10:45am Return Ti	me Apm
Place of Meeting/Confere	nce <u>Lagon</u>	(b. 608)	Marcy Lit	mary		
Rationale for Attendance		1 19 / 2	PHING		A4404 66 A-07	· .00 <i>k</i>
Expenses paid by:	BDM PD [	☐ Spec Ed ☐ KI	ETS DOther (	MUST Speci	fy) <u>0402104-058</u> 0	)-198K
Estimated Expenses:						
Principal Signature:  Prior Superintendent Appl Approved No Reason	See policy	on back* \$0.46 p. 44 miles 20.6	er mile	Admin:	bstitute Other Oper day  Required if Expenses are P.	aid by Grant Funds  G 23  Date
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Expenses  Explanation	Total
Affidavit: I hereby certify that		ded in the above sta	stoment were incu	rred by an	Reimbursement Du	e
employee of Simpson County charges qualifying for reimbur data furnished here within is tr	Schools in the ca sement from the S	pacity of official bu Simpson County Boa	siness; that they ard of Education; a	are proper	Central Office Use:	
employee of Simpson County charges qualifying for reimbur	Schools in the ca sement from the S	pacity of official bu Simpson County Boa	siness; that they ard of Education; a	are proper	Central Office Use:	

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Employee Name 1000	yK-Pr	rillips	Date	Submitted	9/25/83	
School/Work Site				0 -1	V: Do 10	
Name of Meeting/Confere	nce <u>KAA</u>	usingtos	Stsmond	orcy Holy	ising 111ta	20
Date(s) of Meeting/Conference	ence <u>418</u>	1123	Depart	ure Time	Return Time	= <u>5pm</u>
Place of Meeting/Conferen	nce/KAA: F	Postsaron	shry	Lea Step	ppart	
Rationale for Attendance _	Souther	nkylomo	cenity TE	chnical	2 (blege	
Expenses paid by:	BDM 🗆 PD 🏻	□ Spec Ed □ K	ETS 🖾 Öther (I	MUST Specify	0402104-0580-13	X87—
Estimated Expenses:						
Registration Lodgin	See policy		eage Airfa er mile		titute Other T	otal Est. Expenses
Principal Signature	shour	NOW	lle Grant/A			
Prior Superintendent Appro			01 -	. 1//	Required if Expenses are Paid	by Grant Funds
Approved Not	t Approved		18	W		9/27/23
Reason		Supe	erintendent Sign	ature		Date
Submit this section upon r	eturning, includ	e anv				DECLIECT
original required receip	ts and signatur	es. IK/			MBURSEMENT	
original required receip  *** Per Board Policy 03.125 an	ots and signatur d 03.225: "Out-of	es. IK/ F-District Travel Rein		T be submitted v		travel return date.***
	ts and signatur	es. IK/		T be submitted v	within thirty (30) days of the	
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Pate # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County 5	charge @ \$.46  sill expenses included the care of the	Es. K/F-District Travel Rein  Lodging  ded in the above stapacity of official bu	Meals  Meals  atement were incursiness; that they a	Amount  Amount  rred by an are proper	within thirty (30) days of the ther Expenses	travel return date.***
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Employee Name Jacquetta J	Date Submitte	d 9-26-23	
School/Work Site Simpson Count	y Board of E	ducation	1 = 1 - 12 -
Name of Meeting/Conference CP/ No/	wiolent Chsis	Intervention 3	ry Edition Tra
Date(s) of Meeting/Conference 9-28-2			3:30 pm
1	oad way Nai	shille, TN.	37203
Rationale for Attendance CP INSTRUCT	or recentiti	1CaJION	
Expenses paid by: SBDM PD Spec Ed C	KETS Other (MUST Spe	cify)	· · · · · · · · · · · · · · · · · · ·
Estimated Expenses:			
See policy on back* \$0.4		Substitute Other To	otal Est. Expenses
	x (. =)1.	4 O m	701.10
Principal Signatule: Kelly 1501Res	Grant/Admin	Kelly (Ball)	1
Prior Superintendent Approval:	1_1	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	186	<i>/</i>	9/27/23
ReasonSu	iperintendent Signature		Date
Submit this section upon returning, Include any original required receipts and signatures,	RAVEL EXPENSE R	REIMBURSEMENT	REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel I	Reimbursements MUST be submit	ted within thirty (30) days of the	travel return date.***
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and the second s	statement were incurred by an	Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	business; that they are proper		
charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my kn	Board of Education; and that all nowledge.	Central Office Use:	
E. L. Claratura	Date	Coding	
Employee Signature	Date	Souring	
Supervisor Signature	Date	CFO Approval	
Supervisor Signature		O O Approval	



/							
Employee Name	Evan	<u> </u>	Date	Submit	ted	0/23	
Employee Name School/Work Site	-nKlin-5	irpson to	15		^		
5.4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	1/1-	city	Capillack				<del></del>
Date(s) of Meeting/Confe	rence	/23	Depart	ure Tim	e 8 AM	Return III	me 6:00 pm
Place of Meeting/Confere Rationale for Attendance	nce Agion	ory Sf	recialist.	<del>-</del>	Hardon	Lo Exte	15: on office
Rationale for Attendance	Student	Prepara	ation fo	/	National.	<i>S</i>	
Expenses paid by:	BDM DPD I	□ Spec Ed □ K	ETS Other (N	MUST S	pecify)		
Estimated Expenses:							
Registration Lodgir	ng Me See policy		eage Airfai per mile	re	Substitute \$100 per day	Other	Total Est. Expenses
-		7				li	
Principal Signature:			Grant/A	dmin: _	Required	if Expenses are Pa	aid by Grant Funds
Prior Superintendent Appr			1-01	. /	110421122		1.12
Approved No		- C	ouintandant Sign	oturo.			Date
Reason		Supe	erintendent Sign	ature			
selbruifithis seeme repert original required recei *** Per Board Policy 03.125 at	pre and signatur	es					T REQUEST
<b>高度扩发的</b> 图 多点集结	THE PARTY OF THE P				Other Expe		S. P. W. STERNEY, T. S. STERNEY, T.
Date # Miles	Charge @ \$.46	Lodging	Meals		Other Expe		Total
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
	Charge @				Other Expe	nses	S. P. W. STERNEY, T. S. STERNEY, T.
Date # Miles  Affidavit: I hereby certify that	Charge @ \$.46	Lodging  ded in the above st	Meals	Amc	Other Expe	nses	Total
	Charge @ \$.46 \$.46 all expenses inclu- Schools in the ca- sement from the	Lodging  ded in the above st pacity of official be Simpson County Bo	Meals  Tatement were incurusiness; that they a	Amo	Other Expe	nses Explanation Dursement Duc	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	Charge @ \$.46 \$.46 all expenses inclu- Schools in the ca- sement from the	Lodging  ded in the above st pacity of official be Simpson County Bo	Meals  Tatement were incurusiness; that they a	Amo	Other Expe	nses Explanation Dursement Duc	Total

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mployee Name chool/Work Site	Dryan	20062	Date	e Submitted		
chool/Work Site	F3 H	, 1 E	-11/00/00	L. Conf	Clare	
chool/Work Site ame of Meeting/Confere ate(s) of Meeting/Confe	ence	9100 41	3	tura Tima &	SAC) Poturn Ti	me 2:30
ate(s) of Meeting/Confe	rence	1012012	<b>3</b> Depar	ture Time	V V	me
lace of Meeting/Confere	nce	WKU	in Bow	ling Gree	1, 1, 1	
ate(s) of Meeting/Conferellace of Meeting/Conferellationale for Attendance xpenses paid by:		rpervision	of club	otticers	attending	
xpenses paid by:	BDM □ PD	□ Spec Ed □	KETS ☐ Other (	MUST Specify)	FBLA	
stimated Expenses:						
Registration Lodgi	.0		ileage Airf 6 per mile		<b>titute Other</b> per day	Total Est. Expenses
	See policy	on back* \$0.4	o per mile	- 10		\$100
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rincipal Signature:		5	Grant/	Admin:		
rior Superintendent App	roval:			11	Required if Expenses are F	Paid by Grant Funds
No				18h		10/9/2
Reason		Su	perintendent Sig	nature		
Submit this section upon original required rece	iots and signatur	res.			MBURSEMEN within thirty (30) days of t	
Submit this section upon original required rece Per Board Policy 03.125 a  Date # Miles	ipts and signatu nd 03.225: "Out-o Charge @	res.		ST be submitted v		
original required rece	ipts and signatu nd 03.225: "Out-o	res. of-District Travel R	eimbursements MU	ST be submitted to	within thirty (30) days of to other Expenses	he travel return date.*
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original required rece	ipts and signatu nd 03.225: "Out-o Charge @	res. of-District Travel R	eimbursements MU	ST be submitted to	within thirty (30) days of to other Expenses	he travel return date.*
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Place of Meeting/Conference Hilluse Heights C  Rationale for Attendance Spansor  Expenses paid by: SBDM PD Spec Ed KETS X Ot	Date Submitted 09-28-23  FS HS eparture Time 8:00 Return Time 3:00  hunh her (MUST Specify) Beta
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile  Principal Signature:	Airfare  Substitute \$100 per day  LOO  ant/Admin:  Required if Expenses are Paid by Grant Funds  /o [123]  t Signature  Date
Submit this section upon returning. Include any original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements  Date # Miles Charge @ Lodging Meals  \$.46	Other Expenses
Affidavit: I hereby certify that all expenses included in the above statement were employee of Simpson County Schools in the capacity of official business; that charges qualifying for reimbursement from the Simpson County Board of Educat data furnished here within is true and correct to the best of my knowledge.  Employee Signature  Date	they are proper

Employee Name	chelle M	Acthersor	Date	Submitted		09127	123
School/Work Site* Name of Meeting/Confer Date(s) of Meeting/Confe	rence Cor a	I Fall F	Depart	ture time _	19 6.000	(Z544) M_Return Ti	me <b>6</b> .00p
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