

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 David Clark #3355 Date Submitted 9/1/2023
School/Work Site FSHS Asst AD
Name of Meeting/Conference _____
Date(s) of Meeting/Conference 2023-2024 Departure Time _____ Return Time _____
Place of Meeting/Conference Asst. AD Travel
Rationale for Attendance Required Asst AD travel
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FSHS Athletics

Estimated Expenses:

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

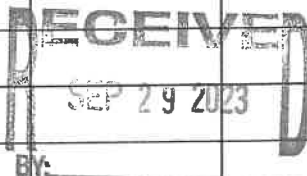
Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/5/23

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 Amount Explanation	Total
9/2	54	24.84			Football ACS	24.84
9/22	76	34.96			Football Butte Co	34.96



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

Employee Signature [Signature] Date _____

Supervisor Signature [Signature] Date _____

Central Office Use:

0002825-0580-7040
Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Morgan Beard Date Submitted 9/11/23
School/Work Site FSHS
Name of Meeting/Conference National Beta State Sponsor Training
Date(s) of Meeting/Conference 9/13/23 - 9/16/23 Departure Time 9am Return Time 2pm
Place of Meeting/Conference Spartanburg, SC
Rationale for Attendance State Sponsor
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) National Office

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>—</u>	<u>\$1600</u>	<u>—</u>	<u>—</u>	<u>\$600</u>	<u>\$300</u>	<u>—</u>	<u>\$1500</u>

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/15/23

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Honshell Date Submitted 9-13-23
School/Work Site SES FRC
Name of Meeting/Conference Regional Meeting
Date(s) of Meeting/Conference 9/20/23 Departure Time 8:30 Return Time _____
Place of Meeting/Conference Crossland Church BGI Ky
Rationale for Attendance regional meeting
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
							<u>0</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ 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

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Lucinda Eversman Date Submitted 9/8/23
School/Work Site Franklin & Lincoln Elem
Name of Meeting/Conference ASAP
Date(s) of Meeting/Conference 9/26/23 Departure Time 11am Return Time 1:45pm
Place of Meeting/Conference Logan County Public Library, Russellville, Ky
Rationale for Attendance community committee; quarterly meeting; substance prevention
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRGSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			44mi				\$20.24

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature _____ 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 Amount	Explanation	Total

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

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Lori Honshell Date Submitted 9-13-23
 School/Work Site SES FRC
 Name of Meeting/Conference ASAP meeting
 Date(s) of Meeting/Conference 9-26-23 Departure Time 11:00 Return Time 1:30
 Place of Meeting/Conference Logan County
 Rationale for Attendance training
 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
							<u>Ø</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] 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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

Employee Name Constance Blume Date Submitted 9/19/23
School/Work Site FSMS
Name of Meeting/Conference RY ASAP
Date(s) of Meeting/Conference Sept - Dec Departure Time 10:30 Return Time 2pm
Place of Meeting/Conference Logan CO. Library Russellville Ky 42476
Rationale for Attendance Frysc
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Frysc Funds
Estimated Expenses:

Registration	Lodging	Meals per policy on back	Mileage \$0.45 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature _____ Date 9/27/23

***** 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.

Reimbursement Due _____

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

Employee Signature Constance [Signature] Date 11/11/12

Central Office Use:

Supervisor Signature _____ Date _____

Coding

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 Lacey K. Phillips Date Submitted 9/25/23
School/Work Site FSHS
Name of Meeting/Conference ASAP meeting
Date(s) of Meeting/Conference 9/26/23 Departure Time 10:45am Return Time 2pm
Place of Meeting/Conference Logan Co. Library
Rationale for Attendance Ky ASAP meeting
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0402104-0580-128K

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>44 miles</u> <u>20.24</u>				

Principal Signature: Stephanie Downey Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/27/23

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 Amount Explanation	Total

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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 Lacey K. Phillips Date Submitted 9/25/23
School/Work Site _____
Name of Meeting/Conference KAA: Using Postsecondary Advising Data
Date(s) of Meeting/Conference 9/27/23 Departure Time 8am Return Time 3pm
Place of Meeting/Conference KAA: Postsecondary Data Support
Rationale for Attendance Southern Ky Community Technical College
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 0103104-0580-128K

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
			<u>54</u> <u>\$25.76</u>				

Principal Signature Stephanie Downey Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/27/23

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	

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Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Jacquetta Johnson Date Submitted 9-26-23
School/Work Site Simpson County Board of Education
Name of Meeting/Conference CPI Nonviolent Crisis Intervention 3rd Edition Training
Date(s) of Meeting/Conference 9-28-2023 Departure Time 8:30am Return Time 3:30pm
Place of Meeting/Conference 1715 Broadway Nashville, TN 37203
Rationale for Attendance CPI instructor recertification
Expenses paid by: ☐ SBDM ☐ PD ☒ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

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
			<u>129.2mi</u>				<u>\$59.43</u>

Principal Signature: Keely Baker Grant/Admin: Keely Baker
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/27/23

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

Employee Signature _____ Date _____
Supervisor Signature Keely Baker Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Submit this form to the Superintendent
Superintendent to: PRINCE GEORGE
Complete ALL items on top half of form
Attach Meeting Registration Form

Employee Name Sam Evans Date Submitted 10/10/23
 School/Work Site Franklin-Simpson HS
 Name of Meeting/Conference University Specialist
 Date(s) of Meeting/Conference 10/12/23 Departure Time 8 AM Return Time 6:00 PM
 Place of Meeting/Conference Agency Specialist -> Hardin Co Extension office
 Rationale for Attendance Student Preparation for Nationals
 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
					100		100

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature JSH Date 10/11/23

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 Amount	Explanation	Total

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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 Bryan Jones Date Submitted 9/27/23
School/Work Site F5HS
Name of Meeting/Conference Region 2 Fall Leadership Conference
Date(s) of Meeting/Conference 10/20/23 Departure Time 8:00 Return Time 2:30
Place of Meeting/Conference WKU in Bowling Green, KY
Rationale for Attendance Supervision of club officers attending
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FBLA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	\$100	—	\$100

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature J Shu Date 10/9/23

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

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Daniel King Date Submitted 09-28-23
School/Work Site ~~Hillvue Heights Church~~ FSHS
Name of Meeting/Conference 3rd district Beta
Date(s) of Meeting/Conference 10-24-23 Departure Time 8:00 Return Time 3:00
Place of Meeting/Conference Hillvue Heights Church
Rationale for Attendance Sponsor
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Beta

Estimated Expenses:

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

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 10/11/23

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	

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Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Michelle Matherson Date Submitted 09/27/23
School/Work Site FHS
Name of Meeting/Conference NTI Fall Regional Training
Date(s) of Meeting/Conference Oct 26-27 Departure Time 6:00pm (25th) Return Time 6:00pm
Place of Meeting/Conference Madisonville Community College
Rationale for Attendance Mandatory
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) CTE Funds

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
	\$250	\$80	\$78		\$200		\$608

Principal Signature: _____ Grant/Admin: CTE
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 10/9/23

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 Amount	Explanation	Total

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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 Bryan Jones Date Submitted 9/27/23
School/Work Site FSHS
Name of Meeting/Conference Titan's Learning Lab
Date(s) of Meeting/Conference 10/31/23 Departure Time 8:00 Return Time 2:30
Place of Meeting/Conference Nashville, TN @ Nissan Stadium
Rationale for Attendance Supervising students attending
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) LOCAL CTE

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
-	-	-	-	-	\$100	-	\$100

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 10/9/23

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 Amount	Explanation	Total

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Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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 Scot Perdue Date Submitted 9/18/2023
School/Work Site Technology Dept.
Name of Meeting/Conference KYSTE Conference
Date(s) of Meeting/Conference March 13-15, 2024 Departure Time 12:00 PM Return Time 3:00 PM
Place of Meeting/Conference Louisville, Ky Convention Center
Rationale for Attendance Up to Date Fed. meeting with state, etc
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☒ KETS ☐ Other (MUST Specify) _____

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
214.00	540.00	120.00	N/A	N/A	N/A	N/A	874.00

Principal Signature: [Signature] Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/19/23

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	
Reimbursement Due							

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.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____