

Floyd County Schools

Superintendents Travel & Timesheet

***For the Month Ending in
September 2023 &
Travel for November 2023***

***Presented to the Floyd County Board of Education,
meeting in Regular session
October 23, 2023***



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 September 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY	H	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	DAY
DAY	C	C	C	C	C	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.

	THIS Period	TOTAL YTD
Total Contract Days	20	59
Total Holidays	1	2
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		
Total Paid Days		61
Total Non-Contract		

Employee Signature Anna Shepherd Date 10-2-23

Supervisor Signature _____ Date _____

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

Travel Request Form Floyd County Schools

Name Anna Shepherd SSN#

Employee School/Location
Central Office/Eastern, KY

Conference/Workshop, City & State
KEDC Board Meeting & Legislative Breakfast

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	11/14/23	6:00pm	FROM	Staffordsville
RETURN	11/16/23	6:00pm	TO	Lexington

MUNIS CODING			
ORG	OBJECT	PROJECT	DISCRPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

Estimated Employee Expenditure Reimbursement

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-23 THRU 12-31-23)	\$ 0.46	222 \$ 102.12
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 82.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 184.12

Statement of Rationale for Attendance

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
- (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.

