Employee N	lame Kell	y bake	T.	Dat	e Submitte	d 12	-6-23	
	k Site <u>Cen</u>		Hice	0+/				
	eeting/Confer		GK	KE(7	an o		200
		rence 12		A .	ture Time	800	Return Tim	ne <u>5 ° ° </u>
Place of Me	eting/Confere	ence Ten	anga	Acade	my_			
Rationale fo	r Attendance	ELLC	adre	Mtg			1 2115	- T
Expenses pa	aid by: 🔲 S	SBDM □ PD	☐ Spec Ed	KETS Other	MUST Spe	cify) <u> </u>	L 345) J
Estimated E	xpenses:							
Registratio	on Lodgii		cy on back* \$0	Mileage Airf .46 per mile 25.30		Substitute 100 per day		\$25.30
Principal Sig	nature:			Grant/	Admir	cel	yball	<u> </u>
	ntendent App			1	-11	Requi	red if Expenses are Pai	id by Grant Funds
		ot Approved	·=		8/			12 1 00 Date
keason				Superintendent Sig	nature 			
original	l required recei	returning. Incluings and signatured to the control of the control	ires.	RAVEL EXP	my.		thirty (30) days of the	
Per Board	Policy US.125 a			Tellinguisements (110)		THE RESERVE		
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoui	Other E	xpenses Explanation	Total
		Charge @				Other E	xpenses	
		Charge @				Other E	xpenses	
		Charge @				Other E	xpenses	
		Charge @				Other E	xpenses	
		Charge @				Other E	xpenses	
		Charge @				Other E	xpenses	
		Charge @				Other E	xpenses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amou	Other E	xpenses	Total
Date Affidavit: I he employee of	# Miles reby certify that Simpson County	Charge @ \$.46	Lodging uded in the above	Meals The statement were incused business; that they	Amour	Other E	Explanation	Total
Affidavit: I he employee of charges qualit	# Miles reby certify that Simpson County fying for reimbur	Charge @ \$.46	Lodging uded in the above	Meals The statement were incused business; that they also bound of Education; and the statement were incused business.	Amour	Other E	Explanation	Total
Affidavit: I he employee of charges qualit	# Miles reby certify that Simpson County fying for reimbur d here within is to	Charge @ \$.46 \$.46 all expenses includes Schools in the consequent from the	Lodging uded in the above	Meals The statement were incused business; that they also bound of Education; and the statement were incused business.	Amour	Other E	Explanation Explanation imbursement Due	Total

Employee Name Michael Brown	Date Submitted 12/4/23
School/Work Site Simpson	
Name of Meeting/Conference	
Date(s) of Meeting/Conference 12/12/	23 Departure Time 74m Return Time 5.30 pm
Place of Meeting/Conference Cave Cr	ty Convention Center
Rationale for Attendance	
Expenses paid by: SBDM PD Sp	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on ba	Mileage Airfare Substitute Other Total Est. Expenses ck* \$0.46 per mile \$100 per day
	82 miles / 9 - \$37.72
Principal Signature: Wath	Grant/Admin: Shaking Th
Prior Superintendent Approval:	Required if Expenses are Paid by Grant/Funds
ApprovedNot Approved	P/6/27
Reason	Superintendent Signature Date
Submit this section upon returning. Include an original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.**
Date # Miles Charge @ \$.46	Other Expenses Lodging Meals Amount Explanation
	Other Expenses Total
	Other Expenses Total
	Other Expenses Total
Affidavit: I hereby certify that all expenses included in	Other Expenses Amount Explanation Total Total Total Total Total Total Reimbursement Due
Date # IVIIIes \$.46	Other Expenses Amount Explanation Total In the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the be	Other Expenses Amount Explanation Total In the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper on County Board of Education; and that all est of my knowledge. Central Office Use:



Employee N	lame	nelle 1	actherso	^ Da	ate Submitted	11/6/2023	3
	rk Site						
Name of Me	eeting/Confer	ence <u>HC</u>	SA Rea	Jonal Co	on ference		
	/leeting/Confe	rence	2/13/23	Depa	arture Time <u>8:0</u>	Dam Return T	ime 3:00 pm
Place of Me	eting/Confere	ence SK	YCTC -	Bowling	areen, Ky	42101	
Rationale fo	or Attendance	Chape	arone s	tudents +	or compe	41+100	
Expenses pa	aid by: 🔲 S	BDM □ PD	☐ Spec Ed [☐ KETS A Other	(MUST Specify)	local	
Estimated E	xpenses:						
Registratio	on Lodgir			Vileage Air 46 per mile	fare Substit		Total Est. Expenses
_	_		acy off back 50.	40 per mile	\$100 per) –	\$100.00
Principal Sig	nature:	110		Grant	/Admin:		
	ntendent Appr	oval		Grant,	,	quired if Expenses are P	aid by Grant Fund
_V Approv	ved N	Approved			15/1		11/6/23
Reason			S	uperintendent Sig	nature		Date
	ere en e						
original	section upon r required receir			RAVEL EXP	ENSE REIN	IBURSEMEN	T REQUEST
			TO STATE OF THE PARTY OF THE PA				•
		d 03.225: "Out-	TO STATE OF THE PARTY OF THE PA		ST be submitted with	nin thirty (30) days of th	ne travel return date.***
			TO STATE OF THE PARTY OF THE PA		ST be submitted with		•
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out- Charge @	of-District Travel I	Reimbursements MU	ST be submitted with	nin thirty (30) days of the Er Expenses	ne travel return date.***
**** Per Board Date Affidavit: I here	# Miles by certify that al	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging Lodging	Reimbursements MU Meals statement were incu	Amount Amount	nin thirty (30) days of the Er Expenses	Total
Date Date Affidavit: I here employee of Sicharges qualifyi	# Miles # Wiles by certify that al mpson County Sing for reimburse	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals Statement were incubusiness; that they also and of Education; a	Amount Amount Amount Rare proper	nin thirty (30) days of the Expenses Explanation	Total
Date Date Affidavit: I here employee of Sicharges qualifyi	# Miles # Wiles by certify that al mpson County Sing for reimburse	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging Lodging Lodging	Meals Meals Statement were incubusiness; that they also and of Education; a	Amount Amount Amount Amount Amount	nin thirty (30) days of the Expenses Explanation	Total
Date Affidavit: I here employee of Sicharges qualifyidata furnished h	# Miles # Wiles by certify that al mpson County Sing for reimburse here within is true	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging Lodging Lodging Lodging Lodging	statement were incubusiness; that they aboutledge.	Amount Amount Arred by an are proper and that all	eimbursement Due	Total
Date Affidavit: I here employee of Sicharges qualifyidata furnished h	# Miles # Wiles by certify that al mpson County Sing for reimburse here within is true	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging Lodging Lodging Lodging Lodging	Meals Meals Statement were incubusiness; that they also and of Education; a	Amount Amount Amount Amount Amount	eimbursement Due	Total
Date Date Affidavit: I here employee of Sicharges qualifyi	# Miles # Miles by certify that al mpson County Sing for reimburse there within is true.	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging Lodging Lodging Lodging Lodging	statement were incubusiness; that they aboutledge.	Amount Amount Arred by an are proper and that all	eimbursement Due	Total

Employee Name Lisa Hapson	Date Submitted	11-6-23
School/Work Site FSUS - CTE		
Name of Meeting/Conference	Regional Conference	ie
Date(s) of Meeting/Conference 12-13	5 - 23Departure Time	8:00 AM Return Time 5:00 PM
Place of Meeting/Conference Sky C	TC-BOWLING GIR	een, Ky 42101
Rationale for Attendance	ne Students for	- competition
Expenses paid by:	c Ed 🗖 KETS 🛱 Other (MUST Specif	y) Local money
Estimated Expenses:		(4)
Registration Lodging Meals See policy on back	lilleage	ostitute Other Total Est. Expenses Oper day
	31	00 - \$100.00
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval.	Add	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.		IMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Distric		Other Expenses
Date # Miles Charge @ Lo	odging Meals Amount	Explanation Total
		Poimburcoment Due
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity of	of official business; that they are proper	Reimbursement Due
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	of official business; that they are proper n County Board of Education; and that all	Reimbursement Due Central Office Use:
employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	of official business; that they are proper in County Board of Education; and that all it of my knowledge.	Central Office Use:
employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson	of official business; that they are proper in County Board of Education; and that all it of my knowledge.	
employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best	of official business; that they are proper in County Board of Education; and that all it of my knowledge. Date	Central Office Use:

Submite this form to the Principal and Superintendent for PRIOR APPROVAL Complete ALL Reins on too half of form Afers, Meading (legistertion form)

DOLDER DESIGNATION OF THE PERSON OF THE PERS	CONTRACTOR OF THE PERSON NAMED IN				
Employee Name She		cy	Date Submitted	12/7/2	.3
School/Work SiteF	SHS	•		0 11 1	4 /
Name of Meeting/Confere	nce FBLA BO	ard of Diver	clos \$89at	e Council N	ketings
Name of Meeting/Confere Date(s) of Meeting/Confere	ence Jan. 9	1/10, 2024	_Departure Time _	8 AM Retu	urn Time <u>3 PM</u>
Place of Meeting/Conferer	nce Louville, t	4	• •	P 50	
Rationale for Attendance _ Expenses paid by:	Planning N	ketings, S	vpemaon	of other	<u> </u>
Expenses paid by:	BDM PD Spe	ec Ed 🛚 KETS 💢	Other (MUST Spec	ify) Ky FBLA	Pettins
Estimated Expenses:					
Registration Lodgin	g Meals	Mileage k* \$0.46 per mile		ibstitute Othe	er Total Est. Expenses
	See policy on bac	Van Reavestet		00 per 029	- 40
			Crant/Admin		
Principal Signature: Prior Superintendent Appr	oval	1	Grant/Admin:	Required if Expense	s are Paid by Grant Funds
Approved No			-5/1		
Reason		Superintend	lent Signature		Date
			10.2		
	The same of the sa	956			
डेंग्रेनियो स्वत्यास्थ्ये स्वयंची वृद्धांत्राच्या स्वयंची	nis and signaldines.	INAVEL			MENT REQUEST
	માંક નામને કોંદ્રાત્વોધાં res. d 03.225: "Out-of-Distr	INAVEL			ys of the travel return date.**
ाराह्माता स्वत्वारको स्वस्थी	olis and signaktires. d 03.225: "Out-of-Distr	I NAVEL		od within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
्राह्मात्वी रवसमारवेग रवस्यो *** Per Board Policy 03.125 an	ots and signatures d 03.225: "Out-of-Distr Charge @	I NAVEL	ents MUST be submitte	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
*** Per Board Policy 03.125 an Date # Miles I/9 I/IO	ols and signatures. Id 03.225: "Out-of-Distr Charge @ L \$.46	ict Travel Reimbursemodging Me	eals Amoun	ed within thirty (30) da Other Expenses	ys of the travel return date.*** Total
*** Per Board Policy 03.125 an Date # Miles I/9 I/IO Affidavit: I hereby certify that a employee of Simpson County 5	charge @ L \$.46 all expenses included in Schools in the capacity	the above statement of official business; the	eals Amount were incurred by an nat they are proper	other Expenses Explanation	ys of the travel return date.*** Total
*** Per Board Policy 03.125 an Date # Miles I/9 I/10 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs	all expenses included in Schools in the capacity ement from the Simpson	the above statement vor of official business; the County Board of Edu	eals Amount were incurred by an nat they are proper	Other Expenses Explanation Reimburseme	nt Due
*** Per Board Policy 03.125 an Date # Miles I/9 I/10 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs data furnished here within is true.	all expenses included in Schools in the capacity ement from the Simpson use and correct to the beautiful and correct to the	the above statement vor of official business; the County Board of Edu	eals Amount were incurred by an nat they are proper	other Expenses Explanation	nt Due
*** Per Board Policy 03.125 an Date # Miles I/9 I/10 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs	all expenses included in Schools in the capacity ement from the Simpson use and correct to the beautiful and correct to the	the above statement of official business; the County Board of Edust of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimburseme Central Office Use	nt Due
*** Per Board Policy 03.125 an Date # Miles I/9 I/10 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs data furnished here within is true.	all expenses included in Schools in the capacity ement from the Simpson use and correct to the beautiful and correct to the	the above statement of official business; the County Board of Edust of my knowledge.	eals Amount were incurred by an nat they are proper	Other Expenses Explanation Reimburseme	nt Due
*** Per Board Policy 03.125 an Date # Miles I/9 I/10 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs data furnished here within is true.	all expenses included in Schools in the capacity ement from the Simpson use and correct to the beautiful and correct to the	the above statement of official business; the County Board of Edust of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimburseme Central Office Use	nt Due

Employee N	mployee Name Leann Fisher					Date Submitted			
School/Worl	k Site CO								
	eting/Conferen								
Date(s) of M	leeting/Confere	nce <u>Jan.</u>	23-26	Depar	ture Time _	6:00) <u>am</u> Return Time	e 4.00 pm	
Place of Med	eting/Conferenc	e Louisv	rile, KY						
Rationale fo	r Attendance	dember	of KWE	L					
Expenses pa	id by: 🔲 SBI	OM 🗆 PD 🗆]Spec Ed □ K	ETS 🗖 Other (MUST Spec	ify) 16)		
Estimated Ex	xpenses:								
Registratio	n Lodging	Mea See policy o		eage Airfa per mile		i bstitute 00 per day		otal Est. Expenses	
499.00	432.95		00 90			<u> </u>	1	1232.27	
Prior Superin	nature: ntendent Approv ved Not A	<u>val</u> : Approved	Supe	Grant//	5/	Requi	red if Expenses are Paid	by Grant Funds	
	required receipts		TANK DESIGNATION OF THE PARTY O				BURSEMENT		
*** Per Board Date		Charge @ \$.46	District Travel Rei	Meals	Amount	Other E	Explanation	travel return date.*** Total	
		Charge @	AER PHILLIPS	7 18 18 18		Other E	Expenses		
		Charge @	AER PHILLIPS	7 18 18 18		Other E	Expenses		
		Charge @	AER PHILLIPS	7 18 18 18		Other E	Expenses		
		Charge @	AER PHILLIPS	7 18 18 18		Other E	Expenses		
Affidavit: I her	# Miles # Miles reby certify that all Simpson County Sci	charge @ \$.46 \$.46 expenses include hools in the cap	Lodging ed in the above st	Meals atement were incursiness; that they	Amount	Other E	Expenses		
Affidavit: I her employee of Scharges qualifidata furnished	# Miles reby certify that all Simpson County Sciying for reimburser I here within is true	expenses include hools in the capment from the Si and correct to the	Lodging ed in the above stacity of official but	atement were incursiness; that they ard of Education; a wledge.	Amount rred by an are proper	Other E	Explanation		
Affidavit: I her employee of Scharges qualif data furnished	# Miles reby certify that all Simpson County Solying for reimburser I here within is true	expenses include hools in the capment from the Si and correct to the	Lodging ed in the above stacity of official but	Meals atement were incursiness; that they ard of Education; a	Amount rred by an are proper	Other E	Explanation Explanation imbursement Due I Office Use:		
Affidavit: I her employee of Scharges qualifidata furnished	# Miles reby certify that all Simpson County Solying for reimburser I here within is true	expenses include hools in the capment from the Si and correct to the	Lodging ed in the above stacity of official but	Meals atement were incursiness; that they ard of Education; a wledge.	Amount rred by an are proper	Re	Explanation Explanation imbursement Due I Office Use:		

Employee Na	ame Sho	lina Su	ita	Date	e Submitte	d_11-28-23	
School/Worl	c Site	Clo					
Name of Me	eting/Confere	ence KW	el Forum				
Date(s) of M	eeting/Confe	rence Jan	23-26, 20.	Z 4Depar	ture Time	6:00 am Return	Time 6:00 pm
			inle, KY				
Rationale for	Attendance	KWEL	prember	1		10	
Expenses pa	id by: 🔲 S	BDM PD	□ Spec Ed □ K	ETS 🖾 Other (MUST Spe	cify)	
Estimated Ex	(penses:					2.0	
Registratio	n Lodgir	0		eage Airfa er mile		ubstitute Other 100 per day	Total Est. Expenses
499.	- 432			.16			1232,27
Approv	nature: ntendent Appr ved No	t Approved	Sup	Grant/	4	Required if Expenses are	Paid by Grant Funds 12623 Date
original	required recei	returning. Inclu pts and signatu	res.			EIMBURSEME	
*** Per Board Date	# Miles	Charge @	of-District Travel Rei Lodging	mbursements MUS Meals	Amour	Other Expenses	f the travel return date.*** Total
	EXAMPL DESIGN	THE RESERVE TO SERVE THE PARTY OF THE PARTY		SECTION OF THE SECTION		Other Expenses	
	EXAMPL DESIGN	Charge @		SECTION OF THE SECTION		Other Expenses	
	EXAMPL DESIGN	Charge @		SECTION OF THE SECTION		Other Expenses	
	EXAMPL DESIGN	Charge @		SECTION OF THE SECTION		Other Expenses	
	EXAMPL DESIGN	Charge @		SECTION OF THE SECTION		Other Expenses	
	EXAMPL DESIGN	Charge @		SECTION OF THE SECTION		Other Expenses	
	EXAMPL DESIGN	Charge @		SECTION OF THE SECTION		Other Expenses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amour	Other Expenses	Total
Affidavit: I her employee of scharges qualif	# Miles the property of the p	Charge @ \$.46 all expenses inclu Schools in the c	Lodging Ided in the above stapacity of official b	tatement were incusiness; that they hard of Education;	Amour	Other Expenses It Explanation	Total
Affidavit: I her employee of scharges qualif	# Miles the property of the p	Charge @ \$.46 all expenses inclu Schools in the c	Lodging Ided in the above stapacity of official b	tatement were incusiness; that they hard of Education;	Amour	Other Expenses It Explanation Reimbursement	Total
Affidavit: I her employee of scharges qualif	# Miles reby certify that Simpson County ying for reimbur I here within is tr	Charge @ \$.46 all expenses inclu Schools in the c	Lodging Ided in the above stapacity of official b	tatement were incusiness; that they hard of Education;	Amour	Other Expenses It Explanation Reimbursement	Total

Employee Name School/Work Site Name of Meeting/C Date(s) of Meeting/C Place of Meeting/C Rationale for Attend Expenses paid by:	Franklin Si conference KM Conference 2/	FA Profess 7-10/24 isville K my FSMS	ddle Sch foral Dv. Depart Y Ga strdents n	ool Conference cure Time	nse 1-State +	KMEA eturn Time	2/10
Estimated Expenses	:						
		leals Mile cy on back* \$0.41 p		\$100	stitute Of per day	ther To	tal Est. Expenses
Principal Signature: Prior Superintenden	110 100	11	Grant/A	dmin:	Required if Expen	nses are Paid I	by Grant Funds
	Not Approved	Supe	erintendent Sign	ature			Date
original require	upon returning. Inclu d receipts and signati		AVEL EXPE				
*** Per Board Policy 03	3.125 and 03.225: "Out-		The state of the s	T be submitted	Other Expenses	days of the ti	
*** Per Board Policy 03 Date # Mi	Charge @	of-District Travel Rein Lodging	nbursements MUS Meals	T be submitted Amount	Other Expenses Explana		Total
Affidavit: I hereby certiemployee of Simpson charges qualifying for ridata furnished here wit	fy that all expenses incl. County Schools in the ceimbursement from the hin is true and correct to	Lodging uded in the above state capacity of official but a simpson County Board	Meals atement were incursiness; that they a	Amount rred by an rre proper nd that all	Other Expenses	nent Due	
Affidavit: I hereby certi	fy that all expenses incl. County Schools in the ceimbursement from the hin is true and correct to	Lodging uded in the above state capacity of official but a simpson County Board	Meals atement were incursiness; that they are of Education; and eledge.	Amount rred by an rre proper nd that all	Reimbursen entral Office U	nent Due	

Employee Nan	ne Lauren	Hall		Date Subr	nitted 11.30).23	
School/Work S	Site FSMS	(8th grade	teacher)	(this is	for FSHS	dance -	team)
Name of Meet	ing/Conference	Dance Te	am Union	Nation	al Comp	etition	•
Date(s) of Mee	eting/Conference	ce 2.8.24 - 2.	13.24	Departure T	ime <u>1:30 pm</u>	Return T	ime 11:00 pM
Place of Meeti	ing/Conference	orlando,	FL Orang	ge Count	4 Conven	tion Ca	nter Regency
Rationale for A		ead coach					
Expenses paid	by: ☐ SBDI	M □ PD □ Spec	Ed KETS	Other (MUST	Specify) O	nce tean	n account
Estimated Exp	enses:						
Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Principal Signa	ture: /	1/1		Grant/Admin			
-	endent Approva	<u>n</u> :		100		if Expenses are I	Paid by Grant Funds
Approve	dAlot Ap	oproved		t Sh			12/7/23
Reason			Superinten	dent Signature			Date
					ENGLISHED WHEN		
original re	quired receipts	THE RESIDENCE OF THE PARTY OF T		se many se i re-			IT REQUEST
*** Per Board Po		AS AN INC. OF STREET	Travel Reimbursen	nents MUST be su	bmitted within thi Other Expe		he travel return date.***
Date	# Miles	harge @ Loc \$.46	lging M	leals Ar		Explanation	Total
	#						
	110	1	- 1				
Affidavit: I hereb	y certify that all ex	xpenses included in th	e above statement	were incurred by	all	oursement Du	le le
employee of Sim charges qualifyin	pson County School g for reimburseme	ools in the capacity of ent from the Simpson	official business; to County Board of Ed	that they are prop	per all		le .
employee of Sim charges qualifyin data furnished he	npson County School g for reimburseme ere within is true an	ools in the capacity of	official business; to County Board of Ed	that they are prop	per		ie .
employee of Sim charges qualifyin	npson County School g for reimburseme ere within is true an	ools in the capacity of ent from the Simpson	official business; County Board of Ed of my knowledge.	that they are prop	Central O		Je
employee of Sim charges qualifyin data furnished he	pson County Scho g for reimburseme ere within is true at	ools in the capacity of ent from the Simpson	official business; County Board of Edon from knowledge.	that they are prop ducation; and that	per all		le .
employee of Sim charges qualifyin data furnished he	pson County Scho g for reimburseme ere within is true at	ools in the capacity of ent from the Simpson	official business; County Board of Edon from knowledge.	that they are producation; and that	Central O		le .

	Mallory St	erling		Date	e Submitte	d <u>11/</u>	28/2023	
School/Work Site	Edge Ac	ademy/FSMS						
Name of Meeting/C	onference Ke	entucky Society	for Techr	nology in Educa	ation			
Date(s) of Meeting/						3:30	Return Tir	me3:30
Place of Meeting/Co	onference	Louisville, KY	KY Intern	ational Conver	ntion Cente	er		
Rationale for Attend	lanceTo	learn more abou	ut using t	echnology to s	upport tea	chers an	d students	
Expenses paid by:	☐ SBDM	□ PD □ Spec	Ed □ KI	ETS 🗹 Other (MUST Spec	cify)	D	
Estimated Expenses	•							
Registration	Lodging	Meals	Mile	THE RESERVE THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.		<mark>ubstitute</mark> 100 per day	Other	Total Est. Expenses
235 10	02.44	See policy on back*	\$0.46 pc)		1139.80
				Grant/	Admin	1.0-	Louth	
Principal Signature: Prior Superintenden				Grant/F	1	Requir	ed if Expenses are Pa	aid by Grant Funds
Approved		roved			_	86		12/8/25
Reason			Supe	rintendent Sigr	nature			Date
Submit this section original required	l receipts and	d signatures.						T REQUEST
		ar. "Out of District	Traval Dair	whereamoute MILIS	T ha cubmitt	ad within	thirty (30) days of th	e travel return date **
大学 工工学 花 经	Cha	rge @	STATE OF THE PARTY OF		T be submitt	ed within Other E	The second secon	e travel return date.**
Date # Mi	Cha	rge @	Travel Rein	nbursements MUS	T be submitt Amour	Other E	The second secon	Total
N/S TUE	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
N/S TUE	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
N/S TUE	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
N/S TUE	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
N/S TUE	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
N/S TUE	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
大学 工工学 花 经	Cha	rge @	STATE OF THE PARTY OF			Other E	xpenses	
Date # Mi	les \$	rge @ Loc	dging	Meals	Amour	Other E	Explanation	Total
Date # Mi	les \$	rge @ Loc .46 Loc	alging	Meals	Amour	Other E	xpenses	Total
Date # Mi	fy that all expectantly Schoolseimbursement	enses included in the sin the capacity of from the Simpson	dging ne above staf official bu County Boa	Meals atement were incusiness; that they are of Education; a	Amour	Other E	Explanation	Total
Affidavit: I hereby certi employee of Simpson of charges qualifying for r	fy that all expectantly Schoolseimbursement	enses included in the sin the capacity of from the Simpson	dging ne above staf official bu County Boa	Meals atement were incusiness; that they are of Education; a	Amour	Other E	Explanation Explanation mbursement Due	Total
Affidavit: I hereby certi employee of Simpson of charges qualifying for r	fy that all expe County Schools eimbursement hin is true and	enses included in the sin the capacity of from the Simpson	dging ne above staf official bu County Boa	Meals atement were incusiness; that they are of Education; a	Amour	Other E	Explanation Explanation mbursement Due	Total

School/Work Site Edge Academy Name of Meeting/Conference KY STE'24 Confe Date(s) of Meeting/Conference 3 12 - 3 15 24 Depar Place of Meeting/Conference Convention Center -	technology ideas for Edge Academ
Estimated Expenses:	
Registration Lodging Meals See policy on back* See policy on back* \$0.46 per mile	Admin: 12623
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 MUST Date # Miles Charge @ Lodging Meals	ENSE REIMBURSEMENT REQUEST To be submitted within thirty (30) days of the travel return date.*** Other Expenses Amount Explanation
Affidavit: I hereby certify that all expenses included in the above statement were included 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; data furnished here within is true and correct to the best of my knowledge.	Central Office Use:
Employee Signature Date	Coding
Supervisor Signature Date	CFO Approval