

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 Kelly Baker Date Submitted 12-6-23
School/Work Site Central Office
Name of Meeting/Conference ELL-GRREC
Date(s) of Meeting/Conference 12-7-23 Departure Time 800 Return Time 300
Place of Meeting/Conference Teranga Academy
Rationale for Attendance ELL Cadre Mtg
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) EL 345J

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	\$25.30				\$25.30

Principal Signature: _____ Grant/Admin: Kelly Baker
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSH Date 12/7/23

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

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michael Brown Date Submitted 12/4/23
School/Work Site Simpson
Name of Meeting/Conference Marzano GREE
Date(s) of Meeting/Conference 12/12/23 Departure Time 7am Return Time 5:30 pm
Place of Meeting/Conference Cave City Convention Center
Rationale for Attendance _____
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
-	-	-	82 miles	-	-	-	\$37.72

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 12/6/23

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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 Lisa Hepson Date Submitted 11-6-23
School/Work Site FSHS - CTE
Name of Meeting/Conference HOSA Regional Conference
Date(s) of Meeting/Conference 12-13-23 Departure Time 8:00 AM Return Time 3:00pm
Place of Meeting/Conference SKY CTC - Bowling Green, Ky 42101
Rationale for Attendance Chaparrone students for competition
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) Local money

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	\$100	—	\$100.00

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 11/5/23

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

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 Sheena Searcy Date Submitted 12/7/23
School/Work Site FSHS
Name of Meeting/Conference FBLA Board of Directors & State Council Meetings
Date(s) of Meeting/Conference Jan. 9/10, 2024 Departure Time 8 AM Return Time 3 PM
Place of Meeting/Conference Louisville, KY
Rationale for Attendance Planning Meetings, Supervision of officers
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) KY FBLA / Perkins

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	40	Van Requested	—	—	—	40

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: _____

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	
1/9							
1/10							

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

Sheena Searcy
Employee Signature

12/7/23
Date

Central Office Use:

Coding

CFO Approval

Supervisor Signature

Date

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Central Office Use:

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 Shelina Smith Date Submitted 11-28-23
 School/Work Site Clo
 Name of Meeting/Conference KWEL Forum
 Date(s) of Meeting/Conference Jan 23-26, 2024 Departure Time 6:00 AM Return Time 6:00 PM
 Place of Meeting/Conference Louisville, KY
 Rationale for Attendance KWEL member
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TR

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
499.-	432.95	120.-	90.16				1232.27

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 12/6/23

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**.
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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Elizabeth Coole Date Submitted 12/6/23
School/Work Site Franklin Simpson Middle School
Name of Meeting/Conference KMEA Professional Dev. Conference & KMEA All-State
Date(s) of Meeting/Conference 2/7 - 10/24 Departure Time 2/7 Return Time 2/10
Place of Meeting/Conference Louisville, KY Galt House
Rationale for Attendance 3 of my ESMS students made All-State & Prof. Development
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.41 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
N/A paid	300 ⁰⁰	120 ⁰⁰	round - 268mi \$109.88	N/A	300 ⁰⁰	—	

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

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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 @ \$.41	Lodging	Meals	Other Expenses Amount	Explanation	Total

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.

Elizabeth Coole _____
Employee Signature Date

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lauren Hall Date Submitted 11.30.23
School/Work Site FSMS (8th grade teacher) (this is for FSHS dance team)
Name of Meeting/Conference Dance Team Union National Competition
Date(s) of Meeting/Conference 2.8.24-2.13.24 Departure Time 1:30 pm Return Time 11:00 pm
Place of Meeting/Conference Orlando, FL Orange County Convention Center Hyatt Regency
Rationale for Attendance head coach
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) dance team account

Estimated Expenses:

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 Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature JSHL Date 12/7/23

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

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Lauren Hall
Employee Signature

11.30.23
Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mallory Sterling Date Submitted 11/28/2023
School/Work Site Edge Academy/FSMS
Name of Meeting/Conference Kentucky Society for Technology in Education
Date(s) of Meeting/Conference March 12-15, 2024 Departure Time 3:30 Return Time 3:30
Place of Meeting/Conference Louisville, KY KY International Convention Center
Rationale for Attendance To learn more about using technology to support teachers and students
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TO

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
235.-	102.44	80.-	122.36				1139.80

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 12/6/23

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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

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jill Kelly Date Submitted 11/28/23
School/Work Site Edge Academy
Name of Meeting/Conference KY STE'24 Conference
Date(s) of Meeting/Conference 3/12-3/15/24 Departure Time 3:30 Return Time 3:30
Place of Meeting/Conference Convention Center - Louisville
Rationale for Attendance To learn about new technology ideas for Edge Academy
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) TA

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
235.00	702.44	80.-	266 \$122.36	—	—	—	1139.80

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 12/6/23

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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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