

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 Lauren Gomez Date Submitted 12/12/23
 School/Work Site Simpson Elementary School
 Name of Meeting/Conference Kentucky Speech-Language-Hearing Association Conference
 Date(s) of Meeting/Conference February 14-16, 2024 Departure Time 2/14/24 8am Return Time 2/16/24 5p
 Place of Meeting/Conference Central Bank Center Lexington, Ky 40507
 Rationale for Attendance Obtain CEU's/PD hours for ASHA certification + Ky license
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 337K

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
\$185	\$396.96	\$120 <small>(\$40/3days)</small>	N/A		N/A		701.96

Principal Signature: [Signature] Grant/Admin: Kelly [Signature] - meals 581.96

Prior Superintendent Approval: _____

Approved Not Approved...

Reason _____

[Signature]
Superintendent Signature

1/3/24
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	
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

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 1/2/24
 School/Work Site FSHS ysc
 Name of Meeting/Conference 4-H Volunteer Forum
 Date(s) of Meeting/Conference 2/22/24 - 2/24/24 Departure Time 9am Return Time 6pm
 Place of Meeting/Conference Hyatt Conference CTR.
 Rationale for Attendance 4-H & FRYSC Conference Presentation
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104-0580-128K

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
		\$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 _____ Date 1/1/24

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blom Date Submitted 1-2-24

School/Work Site _____

Name of Meeting/Conference KY VOL FORM

Date(s) of Meeting/Conference 2-22-24-24 Departure Time 9AM Return Time Leispm

Place of Meeting/Conference Lexington Hyatt hotel Dan town conference center

Rationale for Attendance KY VOL FORM FOR 4-H & KYSC PARTNERSHIP

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) MSYSC

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>\$100⁰⁰</u>					

Principal Signature: [Signature] Grant/Admin: [Signature]

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

Approved Not Approved... [Signature] 1/11/24

Reason _____ Superintendent Signature _____ Date _____

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.

Employee Signature Constance Blom Date 1-2-24

Reimbursement Due _____
Central Office Use: _____
Coding _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Rachel Wright Date Submitted 12/12/23
 School/Work Site RTC
 Name of Meeting/Conference NTI 2024 conference
 Date(s) of Meeting/Conference April 15-19, 2024 Departure Time 8:30 Return Time 8:00
 Place of Meeting/Conference Tampa Marriott Water Street
 Rationale for Attendance Pyramid Model
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses: *\$60 daily rate

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
545.00	1492. ⁰⁰	300.00	—	438. ⁰⁰	—	100.00	2875.00

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

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		Total
					Amount	Explanation	
4-15-24							
4-16-24							
4-17-24							
4-18-24							
4-19-24							

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.

Rachel Wright
 Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

