

# ***Floyd County Schools***

## ***Superintendents Travel & Timesheet***

***For the Month Ending in  
December 2023 &  
Travel for March 2024***

***Presented to the Floyd County Board of Education,  
meeting in Regular session  
January 22, 2024***



# 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 Dec. 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
DAY 3 <i>Christmas Through the Eyes</i>	C	DAY 5	C	DAY 7	C	DAY
DAY 10 <i>Sponsors Partnership Event</i>	C	DAY 12	C	DAY 14	C	DAY
DAY	NC	DAY 19	C	DAY 21	C	DAY
DAY	H	DAY 26	C	DAY 29	C	DAY
DAY	DAY	DAY	DAY	DAY	DAY	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.

Employee Signature Anna W Shepherd Date 1-3-24  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

	THIS Period	TOTAL YTD
Total Contract Days	21	116
Total Holidays	1	4
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		
Total Paid Days		120
Total Non-Contract	1	12

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-Superintendent/Eastern, KY

**Conference/Workshop, City & State**

Gifted Education Proclamation Ceremony/Frankfort-Capitol Rotunda

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	02/06/24		FROM	Staffordsville
RETURN	02/06/24		TO	Frankfort

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-23 THRU 12-31-23)	\$ 0.46	280 \$ 128.80
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 128.80</b>

**Statement of Rationale for Attendance**

Todd Prater Student from Floyd Central High School will be speaking during event.

*Anna Whitaker Shepherd*  
\_\_\_\_\_  
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.



## Travel Request Form Floyd County Schools

**Name** Anna Shepherd SSN#

**Employee School/Location**

Central Office, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KAAC State Meet/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/08/24		FROM	
RETURN	03/11/24		TO	

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

### Estimated Employee Expenditure Reimbursement

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-23 THRU 12-31-23)	\$ 0.46	380 \$ 174.80
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 126.00
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 300.80</b>

### Statement of Rationale for Attendance

Anna W. Shepherd 1-9-24  
 Signature of Applicant Date

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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.



## Travel Request Form Floyd County Schools

**Name** Anna Shepherd SSN#

**Employee School/Location**

Central Office-Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KVEC Board Meeting/Hazard, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	02/28/24		FROM	Eastern
RETURN	02/28/24		TO	Hazard

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

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

**Statement of Rationale for Attendance**

Driving Board Vehicle.

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Signature of Applicant Anna W. Shepherd Date 1-17-24

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
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- (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.



## Travel Request Form Floyd County Schools

<b>Name</b>	Anna Shepherd	SSN#
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**Employee School/Location**

Central Office-Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KHSAA State Wrestling Meet/Bardstown, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	01/26/24	10:00am	FROM	Staffordsville
RETURN	01/28/24	7:00pm	TO	Bardstown

<b>MUNIS CODING</b>			
ORG	OBJECT	PROJECT	DISRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-23 THRU 12-31-23)	\$ 0.46	342 \$ 157.32
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 100.00
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 257.32</b>

**Statement of Rationale for Attendance**

Both FCHS and PHS advanced to the state competition.

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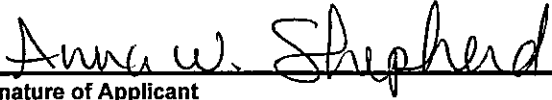
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	1-17-24 Date
Signature of Applicant	
Signature of Superintendent/Designee	Date

- (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
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