## 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										
Employee Number	3010r	<u>ieu Time unu A</u>		nool/Location	(, Ω),	S= Sick E= Emergency H= Holiday				
Employee Name	e, 2023	SC= School Closed PD= Professional JD= Jury Duty								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
DAY	DAY	DAY	DAY	DAY	DAY		DAY DAY			
christmer Bay	C PAY	C PAY	C DAY	DAY DAY	\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DAY			
Sportson DAY Partnership DAY Partnership	DAY	C PAY	<u> </u>	PAY C	C PAS		DAY			
DAY	NC DAY	DAY 19	<u> </u>		C 2		DAY			
DAY	H 325	DAY DAY	2 <sup>A</sup>	24	<u> 34</u>	<i>*</i> *;	DAY			
DAY	DAY	DAY	DAY	DAY	DAY		DAY			
I hereby affirm and atta indic	est that the information I i ated. I understand that if i	have provided is true and, I have provided informatio	under the provision of la n that is not true, I may l	w and Board policy, qualifi be subject to disciplinary a	ction.	THIS Period				
Employee Signature	Amaur	Total Contract Days Total Holidays Total PD Days		110.						
Supervisor Signature			Date	9	Total Sick Days Total Personal Days Total Emergency					
This affidavit is esse	ential for payroll purp	oses. Please fill out th	e form with care and	return it as directed	Total Paid Days		120			
•		rincipals/Director/Sup			Total Non-Contract		12			

REV	ISED 8/21/01			Travel Request	Form			
				Floyd County S				
Name	Anna Shepi	herd				g Shift		
-				Employee School/Lo	cation			
	Central Offi	ice-Superii	ntendent/Ea	stern, KY				
			C	onference/Workshop, C	ity & State			
	Gifted Educat	ion Proclama	ation Ceremon	y/Frankfort-Capitol Rotur	nda			
	DATE	TIME			TRAVEL LOCAT	TIONS	<del></del>	
DEPARTURE			FROM	Staffordsville				···
RETURN	02/06/24 JNIS CODIN	1G	10	Frankfort				
ORG	OBJECT		DISCRIPTION			<del>.</del> .	¬	
0011075	0580	1110000	TRAVEL			<del></del>	-	
0011070	0585		SUBSISTE	NOC			-	
			<del>                                     </del>	NCE			4	
,	0586		LODGING		<u> </u>		_	
			OTHER					
		E	:Stimateo ⊏i	mployee Expenditu	re Reimburse	ement	ENTER MILES	A
					1		OR NUMBER OF DAYS	Amounts requested
	② \$ 0.46 per	mile)		MILEAGE RATE(10-01-	·23 THRU 12-31-23)	\$ 0.4	6 280	\$ 128.80
Bus/Airfar	-				Amount Per Day			
Subsisten	Ce (Overnight sta	ay required)			Amount Per Day			
Lodging (D	o not include direc	a billing to BOE)	)		Amount Per Day			
Miscellane	eous Reimb	ursable E	xpenses		•			
		<del></del>		TOTAL ES	TIMATED EXPE	NSES TO E	E REIMBURSED	\$ 128.80
			Staten	nent of Rationale fo	r Attendance	)		
Todd Prate	er Student fro	om Floyd (	Central High	School will be speal	king during ev	ent.		
			<u>-</u>	1,		<del>- 1</del>		
			· · ·					-
	· · · · · · · · · · · · · · · · · · ·		· <u> </u>					
				<del>"',</del>				
						<del></del>		
7	mus le hate	kw Ele	hed				·	
Signature of		700 07	-				1	Date
Signature of	Superintende	∍nt/Designe	е				,	Date
(B) LUNCH AU (C) DINNER A (D) Save rece	UTHORIZED TR UTHORIZED TI	RAVEL 11:00 RAVEL 5:00 I arking, fees,	A.M. THROUGH P.M. THROUGH etc over \$2.00	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for			STATE OF THE PARTY	

(E) Expense reimbursement forms must be submitted for payment no later than

45 days after travel has been completed.

REVI	SED 8/21/01			Travel Request Form Floyd County Schools	·				
Name	Anna Shepl	herd			ESTA	k			
	Employee School/Location								
	Central Offi	ice Superi	intendent/Eas	etorn KY					
	Ognidai O	oc, capo		onference/Workshop, City & State					
	ICA A O Chata B	*10il		,, <u></u>					$\neg \neg$
	KAAC State N	TIME	e, KY	TRAVEL LOCA	TIONS			—	$\longrightarrow$
DEPARTURE	03/08/24	Tilvica	FROM	IRAYEE EGGA	HONG				
RETURN			TO						$\neg \neg$
ML	INIS CODIN	1G							
ORG	OBJECT	PROJECT	DISCRIPTION						[
0011075	0580		TRAVEL						
<del></del>	0585	·	SUBSISTEN	VCF					
		<del> </del>		102					
	0586		LODGING						
		<u></u> '	OTHER	To a series Deline France					
		E	stimated En	mployee Expenditure Reimburs	ement		OR NUMBER OF		nounts uested
Mileage (@	@ \$ 0.46 pei	r mile)		MILEAGE RATE(10-01-23 THRU 12-31-23)	\$	0.46	<i>DAYS</i> 380	\$	174.80
Bus/Airfai	-	····-,				0.70		*	
i		• • • • • • • • • • • • • • • • • • • •		Amount Per Day				•	126.00
	ICE (Overnight st			Amount Per Day			<del> </del>	\$	126.00
-	Oo not include direc			Amount Per Day	<u> </u>				
Miscelland	eous Reimb	ursadie E	expenses	TOTAL COTIMATED EVO	-VACO T	^ DE	STURBLIBERD	\$	300.80
<del></del> ,				TOTAL ESTIMATED EXPI	ENĢES I	UBE	KEIMBUKSED	Φ	300.60
			Staten	nent of Rationale for Attendanc	е				
	P of the Table 1	.1							
		- Next No.							
L									
		,							
Tu.	Anna W. Shepherd 1-9-24							-24	
Signature of Applicant								<del>,</del>	Date <sup>'</sup>
Signature o	of Superintend	lent/Design	e <b>e</b>		_				Date
(B) LUNCH A (C) DINNER (D) Save rec attachme	AUTHORIZED T AUTHORIZED 1 eipts for tolls, ; ent of expense	RAVEL 11:00 TRAVEL 5:00 parking, fees reimburseme	D A.M. THROUG P.M. THROUGH S, etc over \$2.00 ent form.	OUGH 9:00 A.M\$8.00 H 2:00 P.M\$10.00 H 9:00 P.M\$18.00 and lodging receipts for for payment no later than			STATE AND ADDRESS OF THE PARTY		

45 days after travel has been completed.

REV	ISED 8/21/01		ļ	Travel Request For Floyd County School				-		
Name	Name Anna Shepherd									
	Employee School/Location									
	Central Offi	ic <u>e-Superi</u> r	ntendent/Eas	tern, KY						
			Co	nference/Workshop, City &	State					
	KVEC Board	Meeting/Haz	ard, KY							
	DATE	TIME		TR/ Eastern	AVEL LOCAT	TIONS				
DEPARTURE										
RETURN ML	JNIS CODIN	1G	10	Hazard						
ORG	OBJECT		DISCRIPTION					1		
0011075	0580		TRAVEL	· ·						
	0585		SUBSISTEN	ICE		<del>.</del>				
	0586		LODGING							
			OTHER							
		E	1	nployee Expenditure Re	eimburse	ement				
						<i></i>		ENTER MILES OR NUMBER OF DAYS	Amounts requested	
Mileage (@	@ \$ 0.46 per	mile)		MILEAGE RATE(10-01-23 THR	U 12-31-23)	\$ (	0.46		\$ -	
Bus/Airfaı	re			Amo	unt Per Day					
Subsisten	ICE (Overnight sta	ay required)		Amo	unt Per Day					
Lodging (c	o not include direc	at billing to BOE)	)	Amo	unt Per Day					
Miscelland	eous Reimb	oursable E	xpenses		•		·			
			<del>-</del>	TOTAL ESTIMAT	TED EXPE	NSES TO	) BE	REIMBURSED	\$ -	
			Statem	ent of Rationale for Att	endance	<del></del>	_			
Driving Bo	ard Vehicle.			·		<u>-                                      </u>		· <u>·</u>		
	<del></del>					,_,				
				·					<u> </u>	
			<del> </del>							
			<del> </del>	<u></u>				·		
									<del></del>	
\ \ \ \ \ \ \ \ .	1 مید	0	1 22 60	_/					1-17-76	
Signature of Applicant								Date		
Signature of	f Superintende	ent/Designe	e	<del></del> -		•		•	Date	
(B) LUNCH A (C) DINNER A (D) Save rece attachme (E) Expense I	UTHORIZED TF AUTHORIZED T Pipts for tolls, p nt of expense r	RAVEL 11:00 RAVEL 5:00 l parking, fees, reimbursement t forms must	A.M. THROUGH P.M. THROUGH etc over \$2.00 a nt form. be submitted fo	UGH 9:00 A.M\$8.00 I 2:00 P.M\$10.00 9:00 P.M\$18.00 and lodging receipts for ar payment no later than				Floyed Sciences	20 130 130 130 130 130 130 130 130 130 13	

REV	ISED 8/21/01				l Request F County Scl					
Name	Anna Shep	herd					<b>ESTAT</b>	<u> </u>		
				Employ	yee School/Loc	ation		·		<u>.</u>
	Central Off	ice-Superi	ntendent/E	astern. K\	·			· · · ·		
					/Workshop, Cit	y & State				
	KHSAA State	Wresling Me	eet/Bardstow	n. KY		• <del>•</del>				
	DATE	TIME		.,,		TRAVEL LOCAT	TIONS			
DEPARTURE	01/26/24	10:00am	FROM	Staffords	ville					
RETURN		7:00pm	то	Bardstow	/n					
	UNIS CODII					<u></u>		7		
ORG	<u> </u>	PROJECT	DISCRIPTION					1		
0011075	0580		TRAVEL			<del></del>		ł		
	0585	ļ <u>.</u>	SUBSIST	ENCE		<del></del>		_		
	0586		LODGING	<u> </u>				]		
			OTHER							
		E	stimated i	Employe	e Expenditur	e Reimburs	ement			
								ENTER MILES OR NUMBER OF		nounts
	O A A 40						1	DAYS		uested
	@ \$ 0.46 pe	r mile)		MILE	AGE RATE(10-01-23	THRU 12-31-23)	\$ 0.46	342	\$	157.32
Bus/Airfa						Amount Per Day			_	
	ICE (Overnight si					Amount Per Day			\$	100.00
	Do not include dire					Amount Per Day				
Miscellan	eous Reiml	bursable E	Expenses							
					TOTAL EST	IMATED EXPE	NSES TO BE	REIMBURSED	\$	257.32
			State	ement of	Rationale for	Attendance	<del></del>			
Both FCH	S and PHS	advanced t	to the state	competiti	on.					
200.71				0011.00111						
· · · · · · · · · · · · · · · · · · ·										
		^	Λ							-
$ \Delta_{10} $	UKZ. (1)		honh	$0 \wedge d$					1 ÷	17-14
Signature o	f Applicant	> QV	Why a						<u> </u>	Date
							•			·
	of Superintend									Date
	AST AUTHORIZ							GO A DO	000	<b>.</b>
' '	AUTHORIZED 1							Grund		
				00 and lodgi	ing receipts for			Some		
	ent of expense			i for navmo	nt no lator than			Tope on con	MO 1767	

45 days after travel has been completed.