

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 Michelle McPherson Date Submitted 02/10/24  
 School/Work Site FSHS  
 Name of Meeting/Conference New Teacher Institute Spring Training  
 Date(s) of Meeting/Conference 02/28/24 - 02/29/24 Departure Time 02/27/24 6pm Return Time 02/29/24 6pm  
 Place of Meeting/Conference Madisonville Community College  
 Rationale for Attendance mandatory  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) LOCAL

**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
NIA	\$250	\$80	\$82.80	NIA	\$200	NIA	\$612.80

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason: \_\_\_\_\_ Superintendent Signature: [Signature] Date: 2/30/24

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

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Attach Meeting Registration Form

Employee Name Tim Schlosser Date Submitted 01-23-24  
 School/Work Site CO  
 Name of Meeting/Conference KSBA Annual Conference  
 Date(s) of Meeting/Conference Mar 1-3 Departure Time 7:00 AM Return Time 3:00 PM  
 Place of Meeting/Conference Galt House, Louisville, KY  
 Rationale for Attendance Training Hours  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**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
425.00	374.18	120.00	—			Parking 40.00	1009.18

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSHL 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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
2-29							
3-02							

**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 Tammie Mann Date Submitted 01-29-24  
 School/Work Site Central Office  
 Name of Meeting/Conference RSBA Annual Conference  
 Date(s) of Meeting/Conference Mon 1-3 Departure Time <sup>2:30</sup> 6:00 Am Return Time <sup>3-03</sup> 6:00 pm  
 Place of Meeting/Conference Gayt House, Louisville, Ky  
 Rationale for Attendance Training Hours  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) DD11071

**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>580.00</u>	<u>561.27</u>	<u>120.00</u>	<u>125.12</u>			<u>Parking 40.00</u>	<u>1476.39</u>

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	

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**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 Holly Simmons Date Submitted 1-23-24  
 School/Work Site FES  
 Name of Meeting/Conference Spring KDE Leadership Mtg  
 Date(s) of Meeting/Conference 3-20-24 Departure Time 8am Return Time 3pm  
 Place of Meeting/Conference Cave City  
 Rationale for Attendance Job duty  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) PPB grant

**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				\$46

Principal Signature: [Signature] Grant/Admin: Kelley Baker  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [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 @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due**

Central Office Use:

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Coding

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CFO Approval

Employee Signature [Signature] Date 1/24/24  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_













