

# ***Floyd County Schools***

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

***For the Month Ending in  
January 2024 &  
Travel for February (Retroactive) &  
March 2024***

***Presented to the Floyd County Board of Education,  
meeting in Regular session  
February 26, 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 12117

School/Location C.O.

Employee Name Anna Shepherd

Month/Year Jan. 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY H	DAY C	DAY C	DAY C	DAY C	DAY
DAY	DAY C	DAY C	DAY C	DAY C	DAY C	DAY KAAC MS academics C
DAY	DAY NC	DAY C	DAY C	DAY C	DAY C	DAY 20
DAY	DAY C	DAY C	DAY C	DAY C	DAY C	DAY State wrestling Bardstown C
DAY	DAY C	DAY C	DAY C	DAY	DAY	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.

THIS Period    TOTAL YTD

Employee Signature Anna W. Shepherd

Date 1-31-24

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Contract Days	<u>23</u>	<u>139</u>
Total Holidays	<u>1</u>	<u>5</u>
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		
Total Paid Days		<u>144</u>
Total Non-Contract	<u>1</u>	<u>13</u>

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

KY Chamber Meeting-KASS/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	02/08/24		FROM	Staffordsville
RETURN	02/08/24		TO	Lexington

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRPTION
0011075	0850		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-23 THRU 12-31-23)	\$ 0.43	222 \$ 95.46
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 95.46</b>

**Statement of Rationale for Attendance**

Anna W. Shepherd  
Signature of Applicant

2-8-24  
Date

William Newsome, Sr.  
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**

KEDC Board Meeting-Boys State Tournament/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/19/24	4:00pm	FROM	Staffordsville
RETURN	03/23/24	4:00pm	TO	Lexington

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

**Estimated Employee Expenditure Reimbursement**

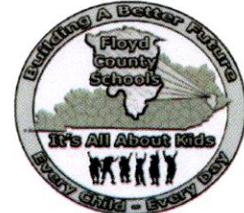
		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.46 per mile)	MILEAGE RATE(10-01-23 THRU 12-31-23)	\$ 0.43	222 \$ 95.46
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 98.00
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 193.46</b>

**Statement of Rationale for Attendance**

Signature of Applicant Anna W. Shepherd Date 2-12-24

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
- (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**

KYSTE Impact Ceremony/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/14/24	4:00pm	FROM	Staffordsville
RETURN	03/15/24	4:00pm	TO	Louisville

**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)	\$ 0.43	380 \$ 163.40
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 36.00
<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>\$ 199.40</b>

**Statement of Rationale for Attendance**

<p style="font-size: 1.2em; color: blue;">Anna W Shepherd</p>	<p style="font-size: 1.2em; color: blue;">2-12-24</p>
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**

2024 Annual KSBA Conference/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/01/24	10:00am	FROM	Staffordsville
RETURN	03/03/24	4:00pm	TO	Louisville

**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)	\$ 0.43	380 \$ 163.40
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 98.00
<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>\$ 261.40</b>

**Statement of Rationale for Attendance**

Anna W. Shepherd 2-12-24  
 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
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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

**Name** Anna W. Shepherd SSN#

**Employee School/Location**

Central Office, Superintendent/Eastern, KY

**Conference/Workshop, City & State**

KEDC AI for KY District Leaders/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	02/02/24		FROM	Staffordsville
RETURN	02/21/24		TO	Lexington

**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)	\$ 0.43	222 \$ 95.46
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 54.00
<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>\$ 149.46</b>

**Statement of Rationale for Attendance**

Signature of Applicant Anna W Shepherd Date 2-20-24

Signature of Superintendent/Designee William Newsome, Jr 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.
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