

Floyd County Schools

Superintendents Travel & Timesheet

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

***Presented to the Floyd County Board of Education,
meeting in Regular session
March 25, 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 Feb 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
						KAAC Elementary District C
DAY	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	KAAC Regional Middle School C
DAY	DAY 12	DAY 13	DAY 14	DAY 15	DAY 16	KAAC Regional High School C
DAY	DAY 19	DAY 20	DAY 21	DAY 22	DAY 23	DAY
DAY	DAY 26	DAY 27	DAY 28	DAY 29	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.

Employee Signature Anna W. Shepherd Date 2-29-24

Supervisor Signature _____ Date _____

This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.

THIS Period	TOTAL YTD
<u>24</u>	<u>163</u>
	<u>5</u>
	<u>168</u>
	<u>13</u>

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/STLP State Championship/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	03/26/24	6:00pm	FROM	Staffordsville
RETURN	03/27/24	7:00pm	TO	Lexington

MUNIS CODING

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

Estimated Employee Expenditure Reimbursement

	MILEAGE RATE(01-01-24 THRU 03-31-24)	ENTER MILES OR NUMBER OF DAYS	Amounts requested
Mileage (@ \$ 0.43 per mile)	\$ 0.43	222	\$ 95.46
Bus/Airfare	Amount Per Day		
Subsistence (Overnight stay required)	Amount Per Day		\$ 54.00
Lodging (Do not include direct billing to BOE)	Amount Per Day		
Miscellaneous Reimbursable Expenses			
TOTAL ESTIMATED EXPENSES TO BE REIMBURSED			\$ 149.46

Statement of Rationale for Attendance

Anna W. Shepherd 3-14-24
Date
 Signature of Applicant

William Newsome, Jr. _____
 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 Rural Summit/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	04/27/24	6:00pm	FROM	Staffordsville
RETURN	04/28/24	7:00pm	TO	Lexington

MUNIS CODING

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

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