Employee Name	Date Submitt	ted 2/6/2024	
School/Work Site Central Office	e		
Name of Meeting/Conference General	mills food S	how - Lexings	$\mathcal{D}\mathcal{O}$
- 1 10	Departure Time	e <u>5:30 am_</u> Return Time 4	:00pm
Place of Meeting/Conference NE Chris		earning Cent	s, bexing
Rationale for Attendance Mining on		for 124-125 s	
Expenses paid by: SBDM PD Spec Ed	Other (MUST Sp	pecify) Food Service	<u> </u>
Estimated Expenses:	•		
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	\$100 per day	1 Est. Expenses
Principal Signature:	Grant/Admin:	Required if Expenses are Paid by	Grant Funds
Approved Not Approved	JW		
Reason	Superintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.		REIMBURSEMENT R	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	evel Reimbursements MUST be subm	litted within thirty (30) days of the trav	el return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	ng Meals	Other Expenses	el return date.*** Total
Charge @		Other Expenses	
Charge @ Lodgin	ng Meals	Other Expenses	
Date # Miles Charge @ Lodgin	ng Meals	Other Expenses	
Charge @ Lodgin	ng Meals	Other Expenses	
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Charge @ Lodgin	ng Meals	Other Expenses	
Date # Miles Charge @ Lodging \$.46 Lodging \$.46	Meals Amou	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge @ Lodgii	bove statement were incurred by an ifficial business; that they are proper unty Board of Education; and that all	Other Expenses unt Explanation Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of response to the section of the secti	bove statement were incurred by an ifficial business; that they are proper unty Board of Education; and that all my knowledge.	Reimbursement Due Central Office Use:	
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Employee Name Sarah Richards	Date Submit	tted 26/2024	
School/Work Site Certal Office	2		
Name of Meeting/Conference KSNA LCG1	Slative Action	0	
Date(s) of Meeting/Conference 2/8/2021	Departure Tim	e 5:00 am Return Tim	ne 5:00pm
	ice, Franks	ort	
Rationale for Attendance Meching on	Child Nutris		
Expenses paid by: SBDM PD Spec Ed	☐ KETS Other (MUST S	pecify) 1000 SEV1	Le_
Estimated Expenses:	•		
	Mileage Airfare 0.46 per mile	\$100 per day	Total Est. Expenses
Principal Signature:	Grant/Admin:_	Required Expenses are Pa	id by Grant Funds
Prior Superintendent Approval:	45/		,
Approved Not Approved Reason	Superintendent Signature		Date
Treason	Superinterident Signature		
		DELL 401 100EN 451	TOFOLIECT
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	TRAVEL EXPENSE Reimbursements MUST be subn	nitted within thirty (30) days of the	
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			nerro	Date	e Submitte	a <u>21/7/2021</u>	
School/Work			- M.				
Name of Mee	eting/Confer	rence <u>GRRE</u>	Mariano	/eam	Ti	7:15 Paturn	Time U'PA
						7:15 - Return	
Place of Mee	eting/Confer	ence Cava cit	by conv. Cent	er: 502 manny	oth Caus	. St, Gara City, K	y 42127
Rationale for		- 1		Learning Te			
Expenses pai	id by:	SBDM PD [☐ Spec Ed ☐	KETS 🗖 Other (MUST Spe	cify)	
Estimated Ex	penses:						
	nature:	See policy proval: ot Approved	on back* \$0.46	leage Airfa per mile 9 mi/cs Grant/A perintendent Sign	\$ Admin:	ubstitute Other 100 per day Mulus A Required if Expenses are	Paid by Grant Funds Date
Submit this	section upon	returning. Includ	e any	ALIEL EVO	TAICE D	EINADLIDCEMAE	NIT DECLIECT
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	Contraction of the Party							
		K. Phil	lips	Dat	e Submitt	ted	2/12/2024	
School/Work	Site FS	MS YS						
Name of Me	eting/Confer	ence FRYS		Day &	Tomor	war.	s Leadors	
Date(s) of M	eeting/Confe	rence <u>2//</u>	1-2/16	Depar	ture Time	= <u>lp</u>	Return Ti	me <u>OPM</u>
Place of Mee	ting/Confere	nceK	y Captiol					
Rationale fo	Attendance	Page Do	in a Tom	omas's L	eader	S		
Expenses pai	id by:	BDM PD	□ Spec Ed □ K	ETS DOther	MUST Sp	ecify) <u>(</u>	0402104-0581	D-128K
Estimated Ex	penses:							-
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Approv	//	ot Approved		451			· · · · · · · · · · · · · · · · · · ·	,
Reason		•••	Supe	erintendent Sign	nature			Date
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es general	regulard to be	interplace original feature	TR/	AVEL EXP	ENSE I	REIM	BURSEMEN	T REQUEST
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Reir	nbursements MUS	T be submi	itted with	in thirty (30) days of th	ne travel return date.**
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AEC J. 21 1 1	1 25 11 1	-11 - 1					leimbursement Du	
employee of S	impson County	Schools in the ca	ded in the above sta	siness; that they	are proper		eilibuisement bu	
			Simpson County Boa the best of my know		ind that all	Cent	ral Office Use:	e e e e :
Employee Si	gnature			Date		Codi	ng	
Supervisor S	ignature			Date		CEO	Approval	;

Employee Name Sance Frant Date Sub	bmitted 2/13/2 7
School/Work Site F 5 H S	
Name of Meeting/Conference National Face	chincip Show
Date(s) of Meeting/ConferenceDeparture	Time 7500 4/7 Return Time 4500 F
Place of Meeting/Conference Lovis ville 1/4	
Rationale for Attendance Educational Expe	
Expenses paid by:	ST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses S100 per day
	100 100
Principal Signature: Grant/Admi	in:
Principal Signature:Grant/Admi	Required if Expenses are Paid by Grant Funds
Approved Not Approved	2/13/24
ReasonSuperintendent Signatur	re Date
Original required receipts and signatures.	SE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be s	
Date # Miles Charge @ Lodging Meals	Other Expenses Amount Explanation
Date # Miles Charge @ Lodging Meals	Other Expenses Total
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Date # Miles Charge @ Lodging Meals	Other Expenses Amount Explanation Total
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Affidavit: I hereby certify that all expenses included in the above statement were incurred the employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and the data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Description Reimbursement Due Central Office Use:

Supervisor Signature

Employee Name	Catheni	ne -	Poole		Dat	e Submitted	D	2/05/2	4	
School/Work Site	FSMS	5								
Name of Meeting	/Conference	Vasto	ral Fa	m 1	Machine	ery St	ow			
Date(s) of Meetin	ng/Conference	Feb	nary 1	5,20	24 Depar	ture Time	7:00	Return ?	Time <u>L</u>	+:30 pm
Place of Meeting/				, KY						<u>, </u>
Rationale for Atte	endance FF	A	-ield	Trip						
Expenses paid by:	: □ SBDM	□ PD	☐ Spec Ed	☐ KETS	Other ((MUST Spec	ify) 上,	FA		
Estimated Expens	ses:									
Registration	Lodging		eals y on back*	Mileage \$0.46 per m			bstitute 00 per day	Other	Total	Est. Expenses
		#Z0	-					Parking \$12	\$3	2.00
Principal Signatur	· .	A NA	(1		Grant/	Admin:				
Prior Superintend	// -	Ny	Vu_	at .	0/4/10/	1	Require	ed if Expenses are	Paid by G	rant Funds
Approved	Not Appr	oved			/	181	n			
Reason				Superin	tendent Sigi	nature				Date
Submit this secti	ion unon raturni	ing Inclu	de anv							
				TRAV	EL EXP	FNSF R	FIMB	URSEME	NI KE	:QUEST
	ired receipts and									
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*** Per Board Policy	y 03.125 and 03.22			vel Reimbu			d within t Other Ex	hirty (30) days of		
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Sous Richards	S	ted 2/19/24	
Employee Name Swah Kichards	Date Submitt	ted	
School/Work Site CPottal Office	mer Freding	training	
Name of Meeting/Conference 2/20/24	Denarture Time	e 5:00 am Return Time 4:80 pm	\sim
VI = all	ce - Frankfo		
Place of Meeting/Conference	C11	01	
Rationale for Attendance SBDM PD Spec Ed	1 summer	teary 500 miles	
Expenses paid by:	☐ KETS Other (MUST Sp	pecify) Tool Story (C	_
Estimated Expenses:	* `		
	Mileage Airfare 50.46 per mile 57. 32	Substitute Other Total Est. Expens \$100 per day	ses
Principal Signature:	Grant/Admin:	Work	
Prior Superintendent Approval:	1 00	Required if Expenses are Paid by Grant Funds	/
Approved Not Approved	Jan.	2/14/	24
Reason	Superintendent Signature	Date	?
Submit this section upon returning. Include any	TOAMEL EVDENCE	DEIAARI IRSEAAFAIT REMIES	
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Trave Date # Miles Charge @ Lodging \$.46	el Reimbursements MUST be subm	Other Expenses Total	
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Employee NameMallory Sterling	Date Submitted
School/Work SiteEdge Academy/Franklin-Simpson Middle	School
Name of Meeting/Conference Kentucky Association for Gifted E	Education
Date(s) of Meeting/Conference	_Departure Time5:00 PMReturn Time5:00 P M
Place of Meeting/Conference Griffin Gate Marriott in Lexin	gton, Kentucky
Rationale for Attendance As the GT Coordinator, this conference will	I provide me with the information I need to support the GT program
Expenses paid by:	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile	Airfare Substitute Other Total Est. Expenses \$100 per day
\$290 \$345.68	01.15
Timolpai signature:	Grant/Admin:
Prior Superintendent Approval:	Cold Required II Expenses are raid by Grant runds
Approved Not Approved	8 L 2/9/24
Reason Superintende	ent Signature Date
Official reduited receipts and algundaries.	EXPENSE REIMBURSEMENT REQUEST
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	nts MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses
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Employee Name Jill Kelly	Date Submitted 27 24	
School/Work Site DGE Academ		
Name of Meeting/Conference KY ASSOC.	for Gifted Education	
	227 Departure Time 5:00 PM Return Time 5:00 P.	M.
Place of Meeting/Conference Griffin	Gate Marriott in Lexington, KY	
Rationale for Attendance As + eacher a		to
Expenses paid by:	d DKETS DOther (MUST Specify) 1Q Support 6056.	
Estimated Expenses:		
Registration Lodging Meals See policy on back* 260-266.90	Mileage Airfare Substitute Other Total Est. Expens \$0.46 per mile \$100 per day	ses
Principal Signature:Prior Superintendent Approval:	Grant/Admin: Required if Expenses are Paid by Grant Funds	
Approved Not Approved	2/2/	24
Reason	Superintendent Signature Date	e
		Time :
Submit this section upon returning, include any	TRAVEL EXPENSE REIMBURSEMENT REQUES	T
original required receipts and signatures.	MAYEE EN ENGE HEIMIDONGEMENT HEGGE	, ,
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Subings this form to the Principal and a Superfusive of Philod APPROVAL Complete All Rems of too dail of form.
At each bleeding Registration form

Employee Name Sheena Segray Date Submit	ted
School/Work Site FSHS	
Name of Meeting/Conference Region 2 Leadership	Conference
	e 8 A M Return Time 5 PM
Place of Meeting/Conference Wku Bowling Green, K	
Rationale for Attendance Supervision of competition	3
Expenses paid by:	pecify)
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Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
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School/Work Site	C				
Name of Meeting/Conference	KSBH,			10.00	
Date(s) of Meeting/Conference	$e^{2/29/2}$			/2:00 Return	Time
Place of Meeting/Conference	Balt L	leuse &	-ville	l .	
Rationale for Attendance	working	the K	TC VOOZ	n	
Expenses paid by:	1 □ PD □ Spec	d LKETS LCC	ther (MUST Spe	cify)	
Estimated Expenses:			()	Substitute Other	Total Est. Expenses
Registration Lodging 250.00 Principal Signature: Prior Superintendent Approva	Meals See policy on back*	Mileage \$0.46 per mile	7 111 7 101 -	30.00	300.00
Approved Not Ap	proved		Sh		2/19/24
Reason		Superintende	nt Signature		Date
*(1) 13. a.k.m.kuti. z.fe/2005.c.A.ft/2016.03.45.5.5.5.25.00.00.00.00.00.00.00.00.00.00.00.00.00	ming. Include any	IKAVELI	EXPENSE F	(Eliaido <i>u</i> oriairi	AL WEGGES!
*** Per Board Policy 03.125 and 03	THE GIRTH STREET	ravel Reimbursemen	its MUST be submit	REIMBURSEMEI ted within thirty (30) days of Other Expenses nt Explanation	
*** Per Board Policy 03.125 and 03	nd signatures225: "Out-of-District Thange @ Lodge	ravel Reimbursemen	its MUST be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125 and 03	nd signatures225: "Out-of-District Thange @ Lodge	ravel Reimbursemen	its MUST be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125 and 03	nd signatures225: "Out-of-District Thange @ Lodge	ravel Reimbursemen	its MUST be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
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*** Per Board Policy 03.125 and 03	nd signatures225: "Out-of-District Thange @ Lodge	ravel Reimbursemen	its MUST be submit	ted within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.125 and 03 Date # Miles Ch	nd signatures. .225: "Out-of-District 1 harge @ Lodg \$.46	ravel Reimbursemen	ls Amou	ted within thirty (30) days of Other Expenses nt Explanation	the travel return date.*** Total
Affidavit: I hereby certify that all exemployee of Simpson County Scho charges qualifying for reimburseme data furnished here within 19 true and	penses included in the ols in the capacity of nt from the Simpson Code correct to the best of	above statement we official business; that	ats MUST be submit Amou are incurred by an t they are proper	ted within thirty (30) days of Other Expenses	the travel return date.*** Total
Affidavit: I hereby certify that all exemployee of Simpson County Schocharges qualifying for reimburseme data furnished here within a true and the second se	penses included in the ols in the capacity of the from the Simpson C	above statement we official business; that	ere incurred by an they are proper ation; and that all	Other Expenses The Explanation Reimbursement D	the travel return date.*** Total
Affidavit: I hereby certify that all exemployee of Simpson County Scho charges qualifying for reimburseme data furnished here within 19 true and	penses included in the ols in the capacity of nt from the Simpson Code correct to the best of the capacity of	above statement we official business; tha county Board of Educific my knowledge.	ere incurred by an they are proper ation; and that all	Other Expenses Int Explanation Reimbursement D Central Office Use:	the travel return date.*** Total

The property of the state of th	OUT-OF-DISTRICT	IKAVEL	AUTHON	ZATION
Employee Name April McNau	ightonDate Si	ubmitted	2-19-2	024
Employee Name HOTT	910 0.1			
School/Work Site	RA			
Name of Meeting/Conference	29/2024 Departur	e Time/2:0	Return Tim	ne
Date(s) of Meeting/Conference	1 House Lyilla			
Place of Meeting/Conference	Hause, o- Vere	noth		
Rationale for Attendance	- Turre TVOthor (MI	IST Specify)		į.
Expenses paid by: SBDM DPD	□ Spec Ed □ KETS ② Other (MI	Jot Speeny)		
Estimated Expenses:		Substitute	Other	Total Est. Expenses
	eals Mileage Airfare y on back* \$0.46 per mile	\$100 per day		A PARTIE BY
EL CASICA SOLICIONA DE CONTRA DE CON			30.00	300.00
250.00 20.	00			
Principal Signature:	Grant/Adr	nin:	ed if Expenses are Pai	d bwGrant Funds
Prior Superintendent Approval:	10/	Kedan	7	1-124
Approved Not Approved	789			Date
Reason	Superintendent Signati	ure		
And the property of the proper	Another to		ADOCE ACAD	PEOUEST
A SHAROMORE METAL SECTION OF THE PROPERTY OF T				
estimated receipts and algorithms.	TRAVEL EXPEN	ISE REIMB	UKSEMEN	Travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	TRAVEL EXPENT OF TRAVEL TRAVEL EXPENT OF	ISE REIMB e submitted within t Other Ex	URSEMEN hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	TRAVEL EXPENT OF TRAVEL	ISE REIMB e submitted within t Other Ex Amount	URSENIEN hirty (30) days of the penses Explanation	travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o	f-District Travel Reimbursements MUST b	e submitted within t Other Ex	hirty (30) days of the penses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-o Date # Miles Charge @ \$.46	f-District Travel Reimbursements MUST be Lodging Meals	e submitted within t Other Ex Amount	hirty (30) days of the penses	Total
*** Per Board Policy 03.125 and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	Lodging Meals Lodging Meals Meals Meals Meals Meals Meals	d by an proper	hirty (30) days of the penses Explanation	Total
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Pate # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses inclue employee of Simpson County Schools in the cacharges qualifying for reimbursement from the data furnished here within is true and correct to	Lodging Meals Lodging Meals	d by an proper that all	hirty (30) days of the penses Explanation mbursement Due	Total

a decisionalization	mais sain	001-01	D 13111.			
Employee Name Apri	e McNa	ughton	Date	e Submitted	2-6-21	24
School/Work Site	RIE	U				
Name of Meeting/Confere	ence <u>KSBA</u>	,		0.		- /· · · · ·
Date(s) of Meeting/Confe	rence $\frac{3/1-2}{2}$	2024		ture Time <u></u> 8:	ODReturn I	ime <u>6:00</u>
Place of Meeting/Confere	nce Galt	House, a	L-Ville			
Pationale for Attendance	working	the RTC	2 booth			3
Expenses paid by:	BDM PD	Spec Ed 🛚 KE	TS 🗹 Other (MUST Specify)		
Estimated Expenses:				8		- 15 - 5
Registration Lodgin	See policy on	back* \$0.46 pe		are Subst \$100 p		Total Est. Expenses 240.00 240.00
			Grant/A	Admin:		
Principal Signature: Prior Superintendent Appr			_1		Required if Expenses are F	aid by Grant Funds
ApprovedNo				SW		Date
Reason		Supe	rintendent Sign	nature		
	The same of the sa	ALTONOOS				- SEQUEST
*** Per Board Policy 03.125 ar	neturning, trollede per and signatures nd 03.225: "Out-of-D	TRA	AVEL EXPL	T be submitted w	MBURSEMEN	IT REQUES I he travel return date.***
*** Per Board Policy 03.125 ar	nd 03.225: "Out-of-D Charge @	TRA istrict Travel Rein Lodging	AVEL EXPI nbursements MUS Meals	T be submitted w	MBURSEMEN within thirty (30) days of the Expenses Explanation	He travel return date.*** Total
*** Per Board Policy 03.125 ar	ors and Signatures nd 03.225: "Out-of-D	istrict Travel Reim	nbursements MUS	T be submitted w	ithin thirty (30) days of t her Expenses	he travel return date.***
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Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburs data furnished here within is tr	charge @ \$.46 stand signatures and 03.225: "Out-of-D Charge @ \$.46 stand signatures and 03.225: "Out-of-D Charge @ \$.46	Lodging d in the above stacity of official businesson County Boa	Meals Meals tement were incusiness; that they are of Education; a	Amount Amount rred by an are proper and that all	Explanation Explanation Reimbursement Du	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County	charge @ \$.46 stand signatures and 03.225: "Out-of-D Charge @ \$.46 stand signatures and 03.225: "Out-of-D Charge @ \$.46	Lodging d in the above stacity of official burden County Boa	tement were incusiness; that they are of Education; a ledge.	Amount Amount rred by an are proper and that all	Reimbursement Du	Total

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a control of the strip	frieigen Bolden	_		CT TRAV	EL AUTHOR	
Employee Name Lau	ra Mille	ur-Welsh	Dat	e Submitted	2-6-20.	24
School/Work Site	RIC					
Name of Meeting/Confe	rence <u>DSD</u>	H	Danas	ture Time 8:0	Return Ti	me <u>6.'00</u>
Data(s) of Meeting/Confe	erence 3/1	-2/2024				
Place of Meeting/Confer	ence <u>Gal</u>	t House	2-0-Vill	l II		
Rationale for Attendance	_ war	King th	e RTC 1	reath		
Expenses paid by:	SBDM □ PD	□ Spec Ed □ k	(ETS 🗹 Other ((MUST Specify)		
Estimated Expenses:				are Subst	itute Other	Total Est. Expenses
Registration Lodg	111/5		eage Airfa per mile	\$100 p	Statement of the Control of the Cont	240.00
150.	<u>o</u> 60.	00			30.00	210.00
7,00.	JON W	AM	Cuant/	A dmin:		
Principal Signature:	WILL		Grant/	Admin	equired if Expenses are P	aid by Grant Funds
Prior Superintendent App)	1	Shl		
Reason		Sup	erintendent Sigi	nature		Date
Enform this exciton upon original required rec		TR	AVEL EXP	ENSE REII	MBURSEMEN ithin thirty (30) days of ti	T REQUEST ne travel return date.***
*** Per Board Policy 03.125		f-District Travel Rei	AVEL EXP mbursements MUS	ST be submitted w	ithin thirty (30) days of th her Expenses	T REQUEST ne travel return date.***
	and 03.225: "Out-o	TR. F-District Travel Rei	mbursements MUS	ST be submitted w	ithin thirty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	ST be submitted w	ithin thirty (30) days of th her Expenses	ne travel return date.***
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Date # Miles	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	ST be submitted w	ithin thirty (30) days of th her Expenses	ne travel return date.***
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Date # Miles	and 03.225: "Out-o	f-District Travel Rei	mbursements MUS	ST be submitted w	ithin thirty (30) days of th her Expenses	ne travel return date.***
Date # Miles	and 03.225: "Out-o	f-District Travel Rei	Meals Mus	Ot Amount	ithin thirty (30) days of the Expenses Explanation	Total
Date # Miles Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbudata furnished here within is	t all expenses incluy Schools in the causement from the true and correct to	Lodging Lodging ded in the above stapacity of official be Simpson County Bothe best of my known	Meals Meals atement were incursiness; that they ard of Education; a wledge.	Amount Amount arred by an are proper and that all	ithin thirty (30) days of th her Expenses	Total
Affidavit: I hereby certify that employee of Simpson Country charges qualifying for reimbut data furnished here within is	charge @ \$.46 t all expenses incluy Schools in the cause of the cause	Lodging Lodging ded in the above stapacity of official be Simpson County Bothe best of my known	Meals Meals atement were incusiness; that they ard of Education; a	Amount Amount arred by an are proper and that all Ce 2024	ithin thirty (30) days of the fer Expenses Explanation Reimbursement Du	Total
Date # Miles Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbudata furnished here within is	t all expenses incluy Schools in the causement from the true and correct to	Lodging Lodging ded in the above stapacity of official be Simpson County Bothe best of my known	Meals Meals atement were incursiness; that they ard of Education; a wledge.	Amount Amount arred by an are proper and that all Ce 2024	Reimbursement Du	Total