

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 Jonathan Daniel King Date Submitted 02-26-24
 School/Work Site FSHS
 Name of Meeting/Conference Third district Beta
 Date(s) of Meeting/Conference 03-05-24 Departure Time 8:30 Return Time 2:45
 Place of Meeting/Conference Hillvue Heights Church
 Rationale for Attendance Compete in Beta events
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Beta

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		100

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [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	
Reimbursement Due							

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.

 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

 Coding

 CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lacey K. Phillips Date Submitted 2/26/2024
 School/Work Site FSHS YSC
 Name of Meeting/Conference Tomorrow's Leaders DC Trip
 Date(s) of Meeting/Conference 3/5-3/9/24 Departure Time 5:45am Return Time 6:15pm
 Place of Meeting/Conference Washington DC
 Rationale for Attendance Tomorrow's Leaders DC Trip
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104-0580-1285

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

Principal Signature: Stephanie Downey Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 2/27/24

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 _____

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 Robin Hollingsworth Date Submitted 2/15/2024
 School/Work Site FSHS - CE
 Name of Meeting/Conference Tomorrow's Leaders: Govt Trip
 Date(s) of Meeting/Conference 3/5 - 3/9/24 Departure Time 6:00am Return Time 6:00pm
 Place of Meeting/Conference Washington D.C. Capitol
 Rationale for Attendance Tomorrow's Leaders: Govt. Trip
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) ABLE 0096

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
—	555.00	200.00	49 miles 22.54	278.00	—	.	222.54

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/14/24

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

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 Sara Tucker Date Submitted 2/7/24
 School/Work Site FSMS
 Name of Meeting/Conference Student Leadership Collaborative (Jostens Renaissance)
 Date(s) of Meeting/Conference 3/6/24 Departure Time 7:00 am Return Time 2:30 pm
 Place of Meeting/Conference James Lawson High School (Nashville, TN)
 Rationale for Attendance Sponsor of Student Council
 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

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [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	

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 Andrea Finch Date Submitted 2/7/24
 School/Work Site FSMS
 Name of Meeting/Conference Student Leadership Collaborative (Sostens Renaissance)
 Date(s) of Meeting/Conference 3/6/24 Departure Time 7:00am Return Time 2:30pm
 Place of Meeting/Conference James Lawson High School (Nashville, TN)
 Rationale for Attendance Sponsor of Student Council
 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

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: [Signature] 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	

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 Rebecca Todd Date Submitted 2/9/24

School/Work Site LES

Name of Meeting/Conference Staffulty and Student Event (Renaissance)

Date(s) of Meeting/Conference March 6, 2024 Departure Time 7:00AM Return Time 3:00 PM

Place of Meeting/Conference James Lawson High School Nashville

Rationale for Attendance Culture and Climate

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
\$150			\$27.60		\$100		

Principal Signature: *Joseph Paus* Grant/Admin: _____

Prior Superintendent Approval: Approved Not Approved... Reason _____

Required if Expenses are Paid by Grant Funds

J. Shel Superintendent Signature 2/13/24 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	

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.

Rebecca Todd 2/9/24
Employee Signature Date

Supervisor Signature Date

Reimbursement Due _____

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 Missy Hardison Date Submitted 2/9/24
 School/Work Site LES
 Name of Meeting/Conference Staffulty and Student Event (Renaissance)
 Date(s) of Meeting/Conference March 6, 2024 Departure Time 7:00 AM Return Time 3:00 PM
 Place of Meeting/Conference James Lawson High School Nashville
 Rationale for Attendance Culture and Climate
 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
			\$37.60		\$100		

Principal Signature: Judge Grant/Admin: Paul
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/13/24

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.

Employee Signature [Signature] Date 2-9-24

Supervisor Signature _____ Date _____

Reimbursement Due

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 Jonathan Daniel King Date Submitted 02-20-24
 School/Work Site FSHS
 Name of Meeting/Conference KAAC State governor's Cup
 Date(s) of Meeting/Conference 03-09-24 thru 03-11-24 Departure Time 7:30 AM Return Time 4 pm
 Place of Meeting/Conference Galt House in Louisville, Ky
 Rationale for Attendance Compete in academic team events and judge quick recall
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FSHS SBDM

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
	320	100			100		520

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/23/24

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.

[Signature] 02-20-24
 Employee Signature Date

 Supervisor Signature Date

Reimbursement Due

Central Office Use:

 Coding

 CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 2/23/24
 School/Work Site RTC
 Name of Meeting/Conference KDE mtg w/ Finance
 Date(s) of Meeting/Conference 3/10-11/2024 Departure Time 3:00 Return Time 3:00
 Place of Meeting/Conference KDE
 Rationale for Attendance discuss budgets
 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
	150. ⁰⁰	20.00				60. ⁰⁰	230. ⁰⁰

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature JSL Date 2/27/24

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.

Employee Signature April McNaughton Date _____
 Supervisor Signature _____ Date _____

Reimbursement Due _____
 Central Office Use: _____
 Coding _____
 CFO Approval _____

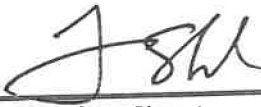
SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 2/22/24
 School/Work Site RTC
 Name of Meeting/Conference KDE meeting
 Date(s) of Meeting/Conference 3/11-12/24 Departure Time 12:00 Return Time 6:00
 Place of Meeting/Conference KDE
 Rationale for Attendance meeting w/ KDE
 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
	150. ⁰⁰	60. ⁰⁰					210. ⁰⁰

Principal Signature: _____ Grant/Admin: _____
 Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____


 Superintendent Signature


2/23/24
 Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Submit this section with returning. Include any original required receipts and signatures.
 *** 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		
							Reimbursement Due	

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.


 Employee Signature _____ Date _____

 Supervisor Signature _____ Date _____

Central Office Use:

 Coding

 CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lacey K. Phillips Date Submitted 2/26/2024
 School/Work Site FSHS/VSC
 Name of Meeting/Conference FRVSC Day @ Captiol & FRVSC Meeting
 Date(s) of Meeting/Conference 30/12/24 - 3/13/24 Departure Time 10am Return Time 6pm
 Place of Meeting/Conference Frankfort Captiol
 Rationale for Attendance FRVSC Day @ Captiol & FRVSC Meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104-0580-285

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
		60.00	³³⁰ 151.80				

Principal Signature: Stephanie Downey Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 2/27/24

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

Employee Name Constance Blair Date Submitted FEB. 26 2024
 School/Work Site MSJSC
 Name of Meeting/Conference Region FRYSC DAY @ Capitol
 Date(s) of Meeting/Conference 2-12-24 - 3-13-24 Departure Time 10am Return Time 6:30pm
 Place of Meeting/Conference Frankfort Capitol Bldg
 Rationale for Attendance FRYSC DAY
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) MSJSC



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>600.00</u>					<u>600.00</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 2/27/24

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	
<u>2-12</u>	<u>—</u>	<u>@46</u>		<u>20</u>			
<u>3-13</u>	<u>—</u>	<u>@46</u>		<u>40</u>			

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

Central Office Use:

Employee Signature Constance Blair Date _____ Coding _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LOREI Honshell Date Submitted 2-26-24
 School/Work Site Simpson Elementary FEC Coordinator
 Name of Meeting/Conference FRYSC Meeting @ Capital
 Date(s) of Meeting/Conference 3-12-3-13-24 Departure Time 10am Return Time 6pm
 Place of Meeting/Conference Capital Frankfurt
 Rationale for Attendance FRYSC Leg. Meet (Great FRYSC DAY
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES FEC 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
		<u>\$60</u>					

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/27/24

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:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

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 Lisa Hopson Date Submitted 12-15-23
 School/Work Site FSHS CTE
 Name of Meeting/Conference HOSA State Leadership Conference
 Date(s) of Meeting/Conference March 14-16, 2024 Departure Time 8:30 AM Return Time 2:30 pm
 Place of Meeting/Conference Crowne Plaza Hotel, Louisville, KY
 Rationale for Attendance Chaparone HOSA students for healthcare competitions
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Local Money

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
\$70.00	\$350.63 <small>(2 ppl)</small>	\$80.00	—	—	200.00	—	\$700.63

Principal Signature: [Signature] Grant/Admin: [Signature]
Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: [Signature]
 Approved Not Approved...
 Reason: _____ Superintendent Signature: [Signature] Date: 2/20/24

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	

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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 Michelle McPherson Date Submitted 2/14/24
School/Work Site FHS CTE
Name of Meeting/Conference HOSA State Leadership Conference
Date(s) of Meeting/Conference March 14-16, 2024 Departure Time 8:30 AM Return Time 2:30 PM
Place of Meeting/Conference Crown Plaza Hotel, Louisville, KY
Rationale for Attendance Chaperone HOSA students for healthcare competitions
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Local Money

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
\$70.00		\$80.00	-	-	\$200.00	-	\$350.00

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
Reason _____ Superintendent Signature _____ Date 2/16/24

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	

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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blum Date Submitted FEB 26-24
 School/Work Site NSYSC
 Name of Meeting/Conference _____
 Date(s) of Meeting/Conference 3-18-24 Departure Time 9am Return Time 3pm
 Place of Meeting/Conference Regional DENSOV Feb 28
 Rationale for Attendance Frysc Meet
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) NSYSC

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
							⓪

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 2/27/24

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	
<u>3/18/24</u>	/						

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 [Signature]

Central Office Use:

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Honshell Date Submitted 2.26.24
 School/Work Site Simpson Elementary FRC Coordinator
 Name of Meeting/Conference Regional Advisory Council
 Date(s) of Meeting/Conference 3/18/24 Departure Time 9am Return Time 3pm
 Place of Meeting/Conference 2303 Main St Hartford Ky 42347
 Rationale for Attendance Advisory Council Regional Meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES Grant FRC

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

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date 2/27/24

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due

Central Office Use:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____