		7 1				21 01	
Employee Name	iathan Dar	iel R	ing Date	Submit	ted <u>02</u> -	26 - 2	1
School/Work Site	) HS	A. I	^ (				
Name of Meeting/Confer	ence Third	<u>alistrict</u>	Beta		()		0.4.4
Date(s) of Meeting/Confe					e <u>8:30</u>	Return Ti	me 2:45
Place of Meeting/Confere	ence Hill	due Heig	ints ch	urch			
Rationale for Attendance	Compete	v in t	seta even	15	:6.) Q4		
Expenses paid by:	SBDM □ PD □	Spec Ed LI	KETS LI Other (I	VIUS I Sp	ecity)	JT Q	
Estimated Expenses:	107			-		O:I	T. 15 . 5
Registration Lodgi	ing Meal See policy or		<b>eage Airfa</b> i per mile	re	Substitute \$100 per day	Other	Total Est. Expenses
	Jee policy of	Thack \$0.10			100		100
Principal Signature:	La		Grant/A	dmin:			
Prior Superintendent App	/ //			_	Required	if Expenses are P	aid by Grant Funds
Approved N			-	An 1	1		
Reason		Sun	erintendent Sign	ature	0		Date
Submit this section upon		any TD	A)/EL EVDE	NICE	DEIMBLI	DCENAEN	IT DEALIEST
	ipts and signatures	District Co.					IT REQUEST
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D	District Co.			itted within thir	ty (30) days of th	
	and 03.225: "Out-of-D Charge @	District Co.		Γ be subm	itted within thir Other Expe	ty (30) days of th	
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D	District Travel Re	imbursements MUST		itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a	and 03.225: "Out-of-D Charge @	District Travel Re	imbursements MUST	Γ be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.**
*** Per Board Policy 03.125 a  Date # Miles  Affidavit: I hereby certify that	charge @ \$.46	Lodging  d in the above st	Meals  Meals  tatement were incur	Amo	Other Expe	ty (30) days of th	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that employee of Simpson County	charge @ \$.46 \$.46	Lodging  d in the above stacity of official b	Meals  Meals  tatement were incurusiness; that they a	Amo red by an	Other Expe	ty (30) days of the nses explanation	Total
*** Per Board Policy 03.125 a  Date # Miles  Affidavit: I hereby certify that	charge @ \$.46  charge @ \$.46  charge @ \$.46	Lodging  d in the above stacity of official by	Meals  Meals  tatement were incurusiness; that they apard of Education; ar	Amo red by an	Other Expe	ty (30) days of the sess explanation with the sess explanation with the session of the session o	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is to	charge @ \$.46  charge @ \$.46  charge @ \$.46	Lodging  d in the above stacity of official by	Meals  Meals  tatement were incurusiness; that they apard of Education; ar	Amo red by an	Other Expe	ty (30) days of the sess explanation with the sess explanation with the session of the session o	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	charge @ \$.46  charge @ \$.46  charge @ \$.46	Lodging  d in the above stacity of official by	Meals  Meals  tatement were incur usiness; that they a pard of Education; ar wledge.	Amo red by an	Reimb	ty (30) days of the sess explanation with the sess explanation with the session of the session o	Total

Employee Name Lacey K. Phil	i pSDate	e Submitted <u>212612026</u>
School/Work Site FSHS 48C		
Name of Meeting/Conference	row's Leaders D	oc Trip
		ture Time <u>5:45am</u> Return Time <u>6:15 or</u>
Place of Meeting/Conference Wash		·
	2	
Rationale for Attendance Tomoccal Expenses paid by:   SBDM D PD D		MUST Specify) 0402104-0580-1285
,	special Likers by Other (i	(WIOST Specify) 0108/04 - 03/00 16-03
Estimated Expenses:  Registration Lodging Mea	: Doileaga Aiufa	are Substitute Other Total Est. Expense
See policy of	n back* \$0.46 per mile	\$100 per day
Principal Signature	MOWNENGrant/A	Admin: January Marine
Prior Superintendent Approval:	11	Required if Expenses are Paid by Grant Funds
Approved Not Approved		180 2/17/2
Reason	Superintendent Sign	nature Date
*** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.46		ENSE REIMBURSEMENT REQUEST To be submitted within thirty (30) days of the travel return date.  Other Expenses Amount Explanation
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the Si data furnished here within is true and correct to the	acity of official business; that they a npson County Board of Education; are	are proper
Employee Signature	Date	Coding
Supervisor Signature	Date	CFO Approval

LINE OF THE REAL PROPERTY.	THE RESERVE THE PARTY OF THE PA				T m	
Employee Name	bin Holl	lingsworth	Date	e Submitte	2/15/20	124
School/Work SiteF		5				
Name of Meeting/Conf	erence Tama	mui lea	Denc.	o out	Trip	
Date(s) of Meeting/Con	ference <u>3 5 -</u>	3/9/24	Depart	ture Time _	6:00am_Retu	rn Time 6:00 pm
Place of Meeting/Confe						
Rationale for Attendance	e Tomorra	suis Leade	n: 60	v +. T	np	
Expenses paid by:	ISBDM □ PD □	Spec Ed	<b>∑</b> Other (	MUST Spec	cify) ABLE	0096
Estimated Expenses:						
Registration Loo	ging Meal See policy of	n back* \$0.46 per m	ile		ubstitute Othe	222.54
Principal Signature:			Grant/A	Admin:		are Paid by Grant Funds
Prior Superintendent A			1-61		ivedanies ir Experience	2/14/21
Approved Reason		Superint	tendent Sigr	ature		Date
		Superiir				
	ceipts and signature	District Travel Reimbu	rsements MUS			S of the travel return date.**
Date # Miles	\$.46	Lodging	Meals	Amoun	t Explanatio	n Total
Affidavit: I hereby certify the employee of Simpson Cour	at all expenses include	ed in the above statem acity of official busine	nent were incu	rred by an are proper	Reimbursemen	t Due
charges qualifying for reimb data furnished here within i	oursement from the Sir	mpson County Board o	of Education; a	nd that all	Central Office Use:	
Employee Signature			Date		Coding	
<u>-</u>				1		
Supervisor Signature			Date		CFO Approval	

Employee Name Sara Tucker		
Employee Name	Date Submitted	2/7/24
School/Work Site FSMS		
Name of Meeting/Conference Student Ceadushi	o Collaborative (Jus-	tens Renaissance)
Date(s) of Meeting/Conference 3/6/24	Departure Time7:0	20 on Return Time Z:30 pm
Name of Meeting/Conference Study Ceadush  Date(s) of Meeting/Conference 3/6/24  Place of Meeting/Conference Janes Lawson Hi		e,TN)
Rationale for Attendance Spinsor of Student (	ancil	
Expenses paid by:	Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals Mileag See policy on back* \$0.46 per to the second s	Grant/Admin:	
Approved Not Approved	TIME	
ReasonSuperin	tendent Signature	Date
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbo	rsements MUST be submitted with	BURSEMENT REQUEST in thirty (30) days of the travel return date.***
Date # Miles Charge @ Lodging \$.46	Meals Amount	Explanation Total
Date   # Miles   -   Logging	Meals  Amount  Amount  Ress; that they are proper of Education; and that all	eimbursement Due

Employee Name Andrea Finch	Date Submitted 7724
School/Work Site FSM 5	
Name of Meeting/Conference Student	Leadership Collaborative (Sostens Benaissance)
Date(s) of Meeting/Conference 3/6/2	Departure Time 7:00 m Return Time 2:30 pm
Place of Meeting/Conference	awson High School (Nashulle, TN)
Rationale for Attendance Spins of	Stodent Council
Expenses paid by: ☐ SBDM ☐ PD ☐ Sp	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on back	Mileage Airfare Substitute Other Total Est. Expense k* \$0.46 per mile \$100 per day
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	C) 8h
Reason	Superintendent Signature Date
	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.
Date # Miles Charge @ L \$.46	odging Meals Other Expenses Total Amount Explanation
Date # Miles	odging Meals Total
Date # Miles	odging Meals Total
Date # Miles	odging Meals Total
Date # Miles	odging Meals Amount Explanation Total
Date # Miles	odging Meals Amount Explanation Total
Date # Miles	odging Meals Amount Explanation Total
Date # Miles	odging Meals Amount Explanation Total
Affidavit: I hereby certify that all expenses included in	odging Meals Amount Explanation Total  Total  Amount Explanation  Total  Reimbursement Due
Date # Miles \$.46	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the be	the above statement were incurred by an of official business; that they are proper in County Board of Education; and that all st of my knowledge.  Reimbursement Due  Central Office Use:

Employee Name Rebecca Todd Date Submitted	ed2 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 Sc	hool Nashville
Rationale for Attendance Culture and Climate	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Sp	ecify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare  See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
\$150 / \$27.60	5100
Principal Signature: Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	2/13/26/
Reason Superintendent Signature	Date
Submit this section upon returning. Include any TDANEL EVDENCE	
	REINARIIRSENAENT RECHIEST
original required receipts and signatures.	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	itted within thirty (30) days of the travel return date.***  Other Expenses
original required receipts and signatures.	itted within thirty (30) days of the travel return date.**  Other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm  Date # Miles Charge @ Lodging Meals Amo	Other Expenses unt Explanation  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submode in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper	Other Expenses unt Explanation  Reimbursement Due
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm  Date # Miles Charge @ Lodging Meals Amo  Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	Other Expenses unt Explanation  Reimbursement Due
Pate # Miles Charge @ Lodging Meals Amo  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.	Other Expenses unt Explanation  Reimbursement Due
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submode 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	Other Expenses unt Explanation  Reimbursement Due
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submode 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.  Reservant Todal 12.4	Other Expenses unt Explanation  Reimbursement Due  Central Office Use:

Employee Name Missy Hardison Da	te Submitted 2/9/24
School/Work Site LES	(P- '-
Name of Meeting/Conference Staffulty and Stuc	lent Event (Kenaissance)
Date(s) of Meeting/Conference March 6, 2024 Depa	
Place of Meeting/Conference James Lawson High	
Rationale for Attendance <u>Culture</u> and <u>Climat</u>	
Expenses paid by: SBDM DPD DSpec Ed KETS Other	(MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Air See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
	Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	Required it expenses are Paid by Grant Fullus
Approved Not Approved	2/13/20
Reason Superintendent Sig	nature y Date
original required receipts and signatures.	ENSE REIMBURSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MU  Date # Miles Charge @ Lodging Meals	Other Expenses Total
Charge @	Other Expenses
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Amount Explanation  Total
Date # Miles \$.46 Lodging Meals  Meals  Affidavit: I hereby certify that all expenses included in the above statement were included of Simpson County Schools in the capacity of official business; that they	Other Expenses Amount Explanation  Total  urred by an are proper
Date # Miles Charge @ Lodging Meals \$.46  Lodging Meals  Meals  Affidavit: I hereby certify that all expenses included in the above statement were included.	Other Expenses Amount Explanation  Total  urred by an are proper
Affidavit: I hereby certify that all expenses included in the above statement were incemployee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education; data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation  Total  Unred by an are proper and that all  Central Office Use:
Date # Miles \$.46 Lodging Meals  Affidavit: I hereby certify that all expenses included in the above statement were incemployee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education;	Other Expenses Amount Explanation  Total  Total  In the second of the se

Employee Name Jonathan Daniel Kiny Date Submitte	d 02-20-24	
School/Work Site FSHS		
Name of Meeting/Conference KAAC State governor's Co	P	
Date(s) of Meeting/Conference 03-09-24 the 03-11-24 Departure Time	7:30 AMReturn Time	pM
Place of Meeting/Conference Galt House in Louisville	Ky	
Rationale for Attendance Compete in academic team eve	nte and judge qu	nckrecgi
Expenses paid by:	cify) FSH SSB()M	
Estimated Expenses:		
See policy on back* \$0.46 per mile \$	100 per day	st. Expenses
320 100	500	20
Principal Signature: Grant/Admin:		
Prior Superintendent Approval:	Required if Expenses are Paid by Gra	ant Funds
ReasonSuperintendent Signature	70.	Date
Submit this section upon returning, Include any original required receipts and signatures.  TRAVEL EXPENSE R	EIMBURSEMENT RE	OUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @		eturn date.***
	ted within thirty (30) days of the travel r Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	ted within thirty (30) days of the travel r	eturn date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Charge @ Lodging Meals	other Expenses Explanation	eturn date.***
Pate # Miles Charge Lodging Meals Amount Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	ted within thirty (30) days of the travel r	eturn date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Date # Miles Charge \$ Lodging Meals Amount 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 geimbursement from the Simpson County Board of Education; and that all	ted within thirty (30) days of the travel r Other Expenses Int Explanation Reimbursement Due	eturn date.***
Date # Miles Charge @ \$.46 Lodging Meals Amour  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.	other Expenses Explanation	eturn date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Date # Miles Charge @ Lodging Meals Amount Amount Amount State Properties of the submitted of the	Central Office Use:	eturn date.***
Date # Miles Charge @ \$.46 Lodging Meals Amour  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.	ted within thirty (30) days of the travel r Other Expenses Int Explanation Reimbursement Due	eturn date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."  Date # Miles Charge @ Lodging Meals Amount  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:	eturn date.***

pricks party by glas		S	IMPSON	I COL	JNTY SCHO	OLS
Marie - propriée de la Contraction de la Contrac	But we William		OF-DISTRI	CT TR	AVEL AUTHO	RIZATION
Althority stage.	is tertion to our	1 0			, ,	
- Nome H	oril Mall	auchdo	Date	e Submitte	$d = \frac{2/23}{\delta}$	74
Employee Name // School/Work Site //	RTC				3	
Name of Meeting/Cor	nference 1	DE MA	to w Fr	nance	1	2140
Date(s) of Meeting/Co	onference 3/	10-11/20	タタイ Depar	ture Time_	3:00 Return	ime <u> </u>
		KDÉ				
Place of Meeting/Con		_	budge	ta)		
Rationale for Attenda	nce	Carried State of the last of t	KETS Dother (		:ify)	*
	T SROW TI LO	Li Spec Ed Li	INCIS ELECTION	E.		
Estimated Expenses:		eals M	lileage Airfa	re S	ubstitute Other	Total Est. Expenses
E S	See polic		6 per mile		.00 per day	400 00
1.0	50.00 20	0.00			60.00	230.00
1/0			Grant //	Admin:		
Principal Signature:			drang/	~/	Required if Expenses are	Paid by Grant Funds
Prior Superintendent	Not Approved		15	1		2/27/24
Reason		Su	perintendent Sign	ature		Date
Subject the particular	son returning, Inch	ide any	RAVEL EXPI	ENSE R	EIMBURSEME	NT REQUEST
Subject this Medical Lands on Information 1	son returning, in the scelpts and rignatu 25 and 03.225: "Out-	TI	RAVEL EXPI	ENSE R	EIMBURSEMEN	NT REQUEST the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	Tires.  of-District Travel R  Lodging	RAVEL EXPI eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	NT REQUEST the travel return date.***
original required r  *** Per Board Policy 03.1  Date # Mile	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel R	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	the travel return date.***
*** Per Board Policy 03.1  Date # Mile	25 and 03.225: "Out-out-out-out-out-out-out-out-out-out-o	Lodging  Lodging	Meals  Meals  Statement were incu	Amoun	ed within thirty (30) days of Other Expenses	Total
*** Per Board Policy 03.1  Date # Mile  Affidavit: I hereby certify	Charge @ \$.46	Lodging  Lodging  uded in the above	Meals  Meals  Statement were incubusiness: that they	Amoun  Amoun	ed within thirty (30) days of Other Expenses t Explanation	Total
Affidavit: I hereby certify employee of Simpson Co	Charge @ \$.46  that all expenses including Schools in the content of the content	Lodging  Lodging  uded in the above apacity of official	statement were incubusiness; that they a	Amoun  Amoun	ed within thirty (30) days of Other Expenses t Explanation	Total
*** Per Board Policy 03.1  Date # Mile  Affidavit: I hereby certify	Charge @ \$.46  that all expenses including Schools in the content of the content	Lodging  Lodging  uded in the above apacity of official	statement were incubusiness; that they a	Amoun  Amoun	Other Expenses t Explanation  Reimbursement De	Total
Affidavit: I hereby certify employee of Simpson Co charges qualifying for reir data furnished here within	Charge @ \$.46  that all expenses including Schools in the content of the content	Lodging  Lodging  uded in the above apacity of official	statement were incubusiness; that they a	Amoun  Amoun	Other Expenses t Explanation  Reimbursement De	Total
Affidavit: I hereby certify employee of Simpson Co	Charge @ \$.46  that all expenses including Schools in the content of the content	Lodging  Lodging  uded in the above apacity of official	statement were incubusiness; that they about of Education; a owledge.	Amoun  Amoun	Reimbursement De	Total

demen march die de nanger bold.	יטויינוט-וט-וט		
Employee Name April McNau School/Work Site RTC	Date Subn	mitted $2/a2/a$	14
Employee Name April 1900	J. Str.		
School/Work Site	noting		
Name of Meeting/Conference  Date(s) of Meeting/Conference  3/11-12/	2.4 Departure Ti	ime <u>/ え.'のの</u> Return T	ime 6:00
Place of Meeting/Conference			
Rationale for Attendance	a uf KDE	- 46	(6)
Expenses paid by:	Ed KETS Other (MUST	Specify)	
Estimated Expenses:	Э.	Othor	Total Est. Expenses
Registration Lodging Meals See policy on back	Mileage Airfare \$0.46 per mile	Substitute Other \$100 per day	Supplied the Service
150.00 60.00			210.00
130.= 00			
Principal Signature:	Grant/Admin	Required if Expenses are F	aid by Grant Funds
Prior Superintendent Approval:	1811		2/23/24
Approved Not Approved	Superintendent Signature		Date
Reason	Superintendent Signature		
The upper the control of the control	TRAVEL EXPENS	E REIMBURSEMEN bmitted within thirty (30) days of t	IT REQUEST the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	IT REQUEST he travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Charge @ Lo.	Travel Reimbursements MUST be sul	bmitted within thirty (30) days of t Other Expenses	he travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo	travel Reimbursements MUST be suldging Meals An	other Expenses  nount Explanation	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo	dging Meals An	Other Expenses  mount Explanation  Reimbursement Du	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo	re above statement were incurred by f official business; that they are projection; and that	other Expenses  nount Explanation  Reimbursement Dupper	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson data furnished here within is type and correct to the best	re above statement were incurred by f official business; that they are projection to my knowledge.	other Expenses  mount Explanation  Reimbursement Duper all  Central Office Use:	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ \$.46  Lo \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of the for reimbursement from the Simpson	re above statement were incurred by f official business; that they are projection; and that	other Expenses  nount Explanation  Reimbursement Duper	Total

The state of the s				
Employee Name Lacey K-Ph	illips	Date Submitted _	2/26/2024	
School/Work Site FSHS VSC				
Name of Meeting/Conference FRVS	C Day@Cap	tiold FRYSC	Meeting	
Date(s) of Meeting/Conference 38/12	124-3/3/	<u>U</u> Departure Time	10am Return Time	lopm_
Place of Meeting/Conference Frank	sfort Capt	-io l		
Rationale for Attendance FRUSC	Day @ C	aptial & F	-RYSC Mee	ting
Expenses paid by:   SBDM  PD  E	I Spec Ed  □ KETS I	Other (MUST Specify	n 0402104-058	50-485
Estimated Expenses:				*
Registration Lodging Mea See policy of Control of Contr	on back* \$0.46 per mile		stitute Other To	tal Est. Expenses
Prior Superintendent Approval:	manners	_Grant/Admin:	Required if Expenses are Paid I	by Grant Funds
Approved Not Approved	,	-KI	2	met
Reason	Superinter	ndent Signature		Date
*** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles \$.46	District Travel Reimburse	ments MUST be submitted	IMBURSEMENT within thirty (30) days of the tr Other Expenses Explanation	-
				4
Affidavit: I hereby certify that all expenses includ employee of Simpson County Schools in the cap	ed in the above statemen	t were incurred by an	Reimbursement Due	
charges qualifying for reimbursement from the Si data furnished here within is true and correct to the	pacity of official business; impson County Board of E	ducation; and that all	Central Office Use:	
	pacity of official business; impson County Board of E he best of my knowledge.	ducation; and that all	Central Office Use:	· · · · · · · · · · · · · · · · · · ·
data furnished here within is true and correct to the	pacity of official business; impson County Board of E he best of my knowledge.	ducation; and that all		,

Central Office Use:

(2000)

Coding

	1	- 0 0 9	th
Employee Name Workfure B	Date Submitted _	FeB. 262	\$
School/Work Site			<u></u>
Name of Meeting/Conference	FOUSC DAYCE	d Carpinos	
Date(s) of Meeting/Conference 3-12-24	31371 Departure Time 1	OamReturn Tir	me <u>lecopm</u>
Place of Meeting/Conference	ist Cappol B	nu ex	
Rationale for Attendance	3		
Expenses paid by:	☐ KETS ☐ Other (MUST Specify	mayse	
Estimated Expenses:		0	
Registration Lodging Meals  See policy on back*		stitute Other per day	Total Est. Expenses
(00)			(000)
Principal Signature:	Grant/Admin:	MA	
Prior Superintendent Approval:	2/1/	Required if Expenses are Pa	id by Grant Funds
Approved Not Approved	050		2/27/24
Reason	0 1 . 1 . 01		
NC430N	Superintendent Signature		Date
or gipal requires resolution and an action of the control of the c	TRAVEL EXPENSE REI		T REQUEST
Thurston the section to the second of the se	TRAVEL EXPENSE REI		T REQUEST
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI  vel Reimbursements MUST be submitted of Amount  Do  HD	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI  vel Reimbursements MUST be submitted of Amount  Do  HD	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI  vel Reimbursements MUST be submitted of Amount  Do  HD	within thirty (30) days of the	T REQUEST e travel return date.***
original required receipts and  *** Per Board Policy 03.125 and 03.225: "Out-of-District Transport of the property of the	TRAVEL EXPENSE REI  vel Reimbursements MUST be submitted vel  Meals  Amount  20	within thirty (30) days of the other Expenses Explanation	T REQUEST e travel return date.**
original required receipts and one-  *** Per Board Policy 03.125 and 03.225: "Out-of-District Trans  Date # Miles Charge @ Lodgin	TRAVEL EXPENSE REI  vel Reimbursements MUST be submitted of Amount  20  40  Amount  over statement were incurred by an cial business: that they are proper	within thirty (30) days of the	T REQUEST e travel return date.**  Total

Date

Employee Signature

**CFO Approval** 

(	Del Ho	naholl	Dat	a Culamitto	, 2-21.2	4
Employee Name	Singator	Clama	ntan l	e Submitted	pardingt	D
School/Work Site	SIMPSOI	VLC MAG	27000	Can	ital	
Name of Meeting/Co	2 1	3.13	14	Time	10	Time loom
Date(s) of Meeting/Co	onterence 5 1 s	1117		ture Time _	10(11) Return	n Time (0000)
Place of Meeting/Con	ference (OP)	ITAI P	rankfor	T	1 1001).	10 3
Rationale for Attenda	nce IR	SC leg	- Met	(7/20	T HKYS	CDAY
Expenses paid by:	□ SBDM □ PD	□ Spec Ed □ K	ETS Dother (	(MUST Spec	ify) <u>565 F</u>	<u> </u>
Estimated Expenses:					Gran	H.
Registration L		eals Mile cy on back* \$0.46 p	eage Airfa		ubstitute Other .00 per day	Total Est. Expenses
	510	) JO:40 p	er mile	7.3	oo per day	44 pt 1000 to 1
	1. 10					
Principal Signature: _	WHILL	San	Grant/	Admin:	MILL	
Prior Superintendent			_	10	Required if Expenses a	re Paid by Grant Funds
	_ Not Approved			IX	V -	2/21/26
Reason		Supe	erintendent Sign	nature		Date
		TR	AV/EL EVD	ENICE D	EINADLIDGENAI	ENIT DECLIEST
			HVELEAP		ENVIDUA SEIVII	FIVE KELJUESE
The same of the sa	25 and 03.225: "Out-	A STATE OF THE PARTY OF THE PAR				ENT REQUEST of the travel return date.**
The same of the sa	25 and 03.225: "Out-	A STATE OF THE PARTY OF THE PAR		ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS		ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1	25 and 03.225: "Out-	of-District Travel Reir	mbursements MUS	ST be submitte	ed within thirty (30) days Other Expenses	of the travel return date.**
*** Per Board Policy 03.1  Date # Mile  Affidavit: I hereby certify	Charge @ \$.46	Lodging Lodging	Meals  Meals  means  means	Amoun	ed within thirty (30) days Other Expenses	of the travel return date.**
Date # Mile  Date # Mile  Affidavit: I hereby certify employee of Simpson Cocharges qualifying for rein	Charge @ \$.46  that all expenses including Schools in the combursement from the	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  Meals  atement were incusiness; that they ard of Education; a	Amoun  Amoun	ed within thirty (30) days  Other Expenses  t Explanation	of the travel return date.**
Date # Mile  Date # Mile  Affidavit: I hereby certify employee of Simpson Co	Charge @ \$.46  that all expenses including Schools in the combursement from the	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  Meals  atement were incusiness; that they ard of Education; a	Amoun  Amoun	ed within thirty (30) days  Other Expenses  t Explanation	of the travel return date.**
Date # Mile  Date # Mile  Affidavit: I hereby certify employee of Simpson Cocharges qualifying for reindata furnished here within	Charge @ \$.46  that all expenses including Schools in the combursement from the	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  atement were incusiness; that they ard of Education; a yledge.	Amoun  Amoun	Other Expenses t Explanation  Reimbursement  Central Office Use:	of the travel return date.**
Date # Mile  Date # Mile  Affidavit: I hereby certify employee of Simpson Cocharges qualifying for rein	Charge @ \$.46  that all expenses including Schools in the combursement from the	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  Meals  atement were incusiness; that they ard of Education; a	Amoun  Amoun	Other Expenses t Explanation  Reimbursement	of the travel return date.**
Date # Mile  Date # Mile  Affidavit: I hereby certify employee of Simpson Co charges qualifying for reid data furnished here within	Charge @ \$.46  that all expenses including Schools in the combursement from the	Lodging  Lodging  Lodging  Lodging  Lodging  Lodging  Lodging	Meals  Meals  atement were incusiness; that they ard of Education; a yledge.	Amoun  Amoun	Other Expenses t Explanation  Reimbursement  Central Office Use:	of the travel return date.**

Employee Name	a Hopson		Date Submitt	ted	12-15-23	
School/Work Site F5H5 Name of Meeting/Conference	11050 5	State Low	derstin 1	nderen	11	
Name of Meeting/Conference Date(s) of Meeting/Conference	Much III-I	- 7074	Donarture Time	8:30 A	M Return Tin	ne ## 2:30 pm
					Neturn In	
Place of Meeting/Conference	e <u>Crowne Pla</u>	ra Hotel,	Louisville.	KY		
Rationale for Attendance  Expenses paid by:	Chaparone	HOSA Stu	dents for	healt	Chre com	petitions
Expenses paid by:	oM □ PD □ Spec	Ed KETS	X Other (MUST Sp	ecify)	LOCAL MU	ney
Estimated Expenses:						
Registration Lodging	<b>Meals</b> See policy on back*	Mileage \$0.46 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$70.00 \$350.6	3 \$80.00	-		200.00	_	\$ 700.63
(2ppl) Principal Signature:	Chr		Grant/Admin:	Bu	all > 1	W
Prior Superintendent Approv	al.	1	-//	Require	ed if Expenses are Pa	id by Grant Funds
Approved Not	/ /		-8hL			2/20/24
Reason		Superinter	ndent Signature			Date
รุ่นอกที่เส้สโรสสสโดก แดงการจ	ໜາກັກຂຸ ໄກຊື່ນເປລາກາ	TDAVE	LEVOENCE	DEIMAD	I IBSEMENI	T PEOLIEST
गरायुक्तिमा संचन्नास्थन स्थल्माग्रह	iand algnatures 💎		L EXPENSE ments MUST be subm			
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	
गराचीत्वा रचण्यात्वा रचण्यात्वा *** Per Board Policy 03.125 and 0	iand તોંધાઓ (પાલક) 03.225: "Out-of-Distric Charge @	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
តូរថ្មៅកែងកម្រាំមេក ខុងសមែន *** Per Board Policy 03.125 and (	and aignatures 03.225: "Out-of-Distric Charge @ Lo	t Travel Reimburse	ments MUST be subm	itted within t Other Ex	hirty (30) days of the penses	e travel return date.***
o त्रांचीतिक स्थित हिम्मा स्थल हिम्मा हिम्मा स्थल हिमा स्थल हिम्मा स्थल हिम्मा स्थल हिम्मा स्थल हिम्मा स्थल हिम्मा स्थल हिम्मा हिम्मा हिम्मा स्थल हिम	expenses included in ti	dging N	Meals Amou	Other Exunt	hirty (30) days of the penses	e travel return date.***  Total
តូរថ្មៅកែងកម្រាំមេក ខុមមាំសុខ *** Per Board Policy 03.125 and (	expenses included in the capacity of the capac	dging N  he above statemen f official business; County Board of E	Meals Amou	Other Exunt  Reir	hirty (30) days of the penses Explanation	e travel return date.***  Total
*** Per Board Policy 03.125 and 0  Date # Miles  Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimbursen	expenses included in the capacity of the capac	dging N  he above statemen f official business; County Board of E	Meals Amou	Other Exunt  Reir	hirty (30) days of the penses Explanation	e travel return date.***  Total
*** Per Board Policy 03.125 and 0  Date # Miles  Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimbursen	expenses included in the capacity of the capac	t Travel Reimburse dging  he above statemen of official business; County Board of E of my knowledge.	Meals Amou	Other Exunt  Reir	hirty (30) days of the penses Explanation	e travel return date.***  Total
The # Miles  *** Per Board Policy 03.125 and 0  Date # Miles  Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimbursen data furnished here within is true	expenses included in the capacity of the capac	t Travel Reimburse dging  he above statemen of official business; County Board of E of my knowledge.	t were incurred by an that they are proper ducation; and that all	Reir	hirty (30) days of the penses Explanation	e travel return date.***  Total

		n Olassas			n	11(1/2)		
Employee Name	chelle 11	ictileison_	Date	Submitted	_0	17129		
School/Work Site	+5H5 C	CT.	10 1000	nich: a	1	nterence	1	
Name of Meeting/Confere	ence HO	SPX 5 1 (2)		ership	8.30	AM_Return T	ima 1:30	Pm
Date(s) of Meeting/Confe	rence <u>II/U/Ch</u>	14-16,0000	100			1 4 2 1		
Place of Meeting/Confere	Λ .	11 a A		LOUISL La Coc	1	•	Van Oakit	ims
Rationale for Attendance	Chaparon		_			thorare C Local M	rneu	740
Expenses paid by:	BDW L PD L	Spec Ed	o Li Other (ii	vioor opec	,,		J	
Estimated Expenses:		100 00000000000000000000000000000000000	15 At 6	C.	ubstitute	Other	Total Est. Ex	penses
Registration Lodgin	See policy				100 per day	Other	\$350	00
10.00	200.0			U	2	1/	5/	
Principal Signature:	_//		Grant/A	dmin: 💋		red if Expenses are	Paid by Grant Fu	nds =
Prior Superintendent App			4	~// I	Tregain	ed il Expenses are	2/	16/25
ApprovedN	Approved			SM			-/1	Date
Reason		Superir	ntendent Sign	ature				Date
Submit this section upon original required recei	ints and signatur				other E	thirty (30) days of xpenses Explanation		date.***
	<b>3.40</b>							
74					Poi	imbursement D	)ue	
Affidavit: I hereby certify that employee of Simpson County	all expenses inclu	ded in the above state	ment were incu- ness; that they a	rred by an are proper	Kei	iiiibursemem b		
employee of simpson county	Julioois in the or	Cimpson County Board	of Education: a	nd that all	property and the American day		AND PROPERTY AND P	AND
charges qualifying for reimburdata furnished here within is t	rsement from the	the best of my knowled	dge.		Centra	l Office Use:		ed BANGA "CYCLEG ATTREVERSIBLES
charges qualifying for reimbu data furnished here within is t	rsement from the	the best of my knowled	dge. Date		Coding			es (med y cycle) or mente de avanté des avanté des avanté de mente determinant de la companya de
charges qualifying for reimbu	rsement from the	the best of my knowled	dge.					

Coding

6:14.5 C. 4 P. 141

						_
Employee Name	Constance	Bly	Dat	te Submitted	Des 76-24	1
School/Work Site	msisc					
Name of Meeting/Co	onference					
Date(s) of Meeting/C	Conference $3$	18.24	Depar	rture Time 📿	Return Ti	me <u>3pm</u>
Place of Meeting/Co	nference US	June!	Densor	Fry	8	
Rationale for Attenda					<del></del>	
Expenses paid by:	□ SBDM □ PD	☐ Spec Ed ☐	(ETS Dther	(MUST Specify)	DSUSO	
<b>Estimated Expenses:</b>	•			5	O	
Registration L			eage Airf permile	are Substi \$100 pe	Man Transport of the Park Street, and the Park Stre	Total Est. Expenses
		1				A)
Principal Signature:	Hard	1	Grant/	Admin:	11/1/-	
Prior Superintendent	Approval:	100			equired if Expenses are Pa	aid by Grant Funds
Approved	Not Approved		anth			2/21/2
Reason			erintendent Sig	nature	1	Date
		-				
	esperante transmission and				THE STATE OF THE S	
A STATE OF THE PARTY OF THE PAR	month may be	AL ALLES			ЛBURSEMEN	•
original required	nea)(((\$ m.c.) 125 and 03.225: "Out-o	AL ALLES		ST be submitted wi	thin thirty (30) days of th	•
original required	125 and 03.225: "Out-o	AL ALLES		ST be submitted wi		•
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	<b>6T be submitted wi</b> Oth	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	<b>6T be submitted wi</b> Oth	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	<b>6T be submitted wi</b> Oth	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	<b>6T be submitted wi</b> Oth	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	Oth Amount	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	Oth Amount	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:	nive fils mid	of-District Travel Rei	mbursements MUS	Oth Amount	thin thirty (30) days of the er Expenses	e travel return date.**
original required  *** Per Board Policy 03.:  Date # Mile  3 (2000)	125 and 03.225: "Out-o	Lodging	Meals Meals	Oth Amount	thin thirty (30) days of the er Expenses Explanation	Total
Per Board Policy 03.:  Date # Mile  3 (9000)  Affidavit: I hereby certify employee of Simpson Co	125 and 03.225: "Out-or State of the case	ded in the above sta	Meals  Meals  Meals	Amount  rred by an	thin thirty (30) days of the er Expenses	Total
original required  *** Per Board Policy 03.:  Date # Mile  3 (2000)	Charge @ \$.46  that all expenses incluunty Schools in the canbursement from the	ded in the above sta	Meals  Meals  Atement were incursiness; that they a	Amount  Amount  rred by an are proper and that all	thin thirty (30) days of the er Expenses Explanation	Total

Date

Employee Signature

**CFO Approval** 

)	Ilan 16	0/)	_	<b>8</b>	. 2.3	16.24	
Employee Name LOP	- / 11.10	Glmfr		e Submitte	d <del>Or c</del>	ordi o a	HV
School/Work Site	100 0		Adisson	1 001	100/1	21 111 1101	101
Name of Meeting/Conferen	2/0,1	24	Denar	ture Time	9 am	Return Tim	20m
Date(s) of Meeting/Conference	1201	Mai	lo Z	ا الم	c.l.A.		102117
Place of Meeting/Conferen		· · · · · · · · · · · · · · · · · · ·	TOT	2 HU	71110	ha/	+2541
Rationale for Attendance _	1401V1501	my Cou	inell	Cegli	mal	THETING	<u> </u>
Expenses paid by:	BDM 🗆 PD 🗀 S	pec Ed 🔲 KE	TS Other (	MUST Spe	cify) <u>56</u>	5 hrai	Tt
Estimated Expenses:						7102	
Registration Lodging	g <b>Meals</b> See policy on b	Milea ack* \$0.46 pe	THE RESIDENCE OF THE PARTY OF THE PARTY.		ubstitute 100 per day	Other	Total Est. Expenses
	100				1	111	
Principal Signature:	(III)	ser	Grant//	Admin:	Jan		ed by Carack Sunda
Prior Superintendent Appro			/	18	Required	if Expenses are Pai	d by Grant Funds
Approved Not Reason	Approved	Supp	rintendent Sigr	nature	he he		2 / 27 / 2 ( Date
		_ Super	initeriaent sigi	lature			, butc
The last of the la		TŔΔ	VFI FXPI	FNSF R	FIMBL	IRSEMENT	request
*** Per Board Policy 03.125 and	d 03.225: "Out-of-Dis	62047					
Date # Miles	Charge @	Lodging	Meals		Other Expe	THE RESERVE OF THE PARTY OF	Total
	\$.46	Market Mark		Amour	nt	Explanation	
				-			
							·
Affidavit: I hereby certify that a	ll expenses included	in the above star	tement were incu	rred by an	Reiml	bursement Due	
employee of Simpson County S charges qualifying for reimburse							
data furnished here within is tru					Central O	ffice Use:	
							į
Employee Signature			Date	n .	Coding		· · · · · · · · · · · · · · · · · · ·
Employee Signature			Date	1	Coding		i :