

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 Catherine Poole Date Submitted 02/05/24
 School/Work Site FSMS
 Name of Meeting/Conference Barren River FFA Regional Contest Day
 Date(s) of Meeting/Conference March 19, 2024 Departure Time 7:30 am Return Time 3:00 pm
 Place of Meeting/Conference WKU Glasgow Campus
 Rationale for Attendance Competing in contests
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FFA

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>\$20.09</u>	—	—	—	—	<u>\$20.00</u>

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

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 Samuel Evans Date Submitted 3/13/24

School/Work Site FSHS

Name of Meeting/Conference Regional FFA Contest

Date(s) of Meeting/Conference 3/19/24 Departure Time 8:00 Return Time 3:00

Place of Meeting/Conference WKU Expo

Rationale for Attendance Student achievement

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
					100		100

Principal Signature: [Signature] Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

Approved Not Approved...

Reason _____

[Signature] 3/14/24
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

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Steuens Date Submitted 2-27-24
 School/Work Site Lincoln
 Name of Meeting/Conference Autism Cadre
 Date(s) of Meeting/Conference 3/19/24 Departure Time 7:45 am Return Time 4:15 pm
 Place of Meeting/Conference GRREC 230 Technology Way Bowling Green, KY 42101
 Rationale for Attendance school representative for cadre
 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
0	0	0	30.36				30.36

Principal Signature: Joseph Pas Grant/Admin: Kelley Baker
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 3/14/24

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	

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Reimbursement Due

Lori Steuens
 Employee Signature _____ Date _____
Kelley Baker
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Randy Bryant Date Submitted 3-12-24
 School/Work Site FSHS
 Name of Meeting/Conference State Tournament
 Date(s) of Meeting/Conference Mar 20-23 Departure Time 6:00 am Return Time 6:00 pm
 Place of Meeting/Conference Lexington
 Rationale for Attendance State Tournament
 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
	?	160.00	—	—	—		

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 ___ Approved ___ Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/14/24

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

Register Here

March 21-22

Registration includes: Summit sessions, materials

Up to 9 Hours of EILA/Finance Officer Credit or 6 CLE hours

Cost:

Early Bird

Member - \$349

Nonmember- \$449

After Early Bird Closes (3/1/24)

Member - \$399

Nonmember - \$499

Location:

Central Bank Center, Lexington

430 W Vine St, Lexington, KY 40507

Meeting Rooms 1-8, 2nd Level

Enter through the main entrance off of High Street

Parking: Central Bank Center parking lot is located in lot across from Rupp Arena

Cost: \$16 day (requires cashless payment - debit/credit card required).

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sueval Evans Date Submitted 3/13/24
 School/Work Site FSHS
 Name of Meeting/Conference Regional FFA Competition
 Date(s) of Meeting/Conference 3/26/24 Departure Time 8:00 Return Time 3:00
 Place of Meeting/Conference WKU Expo
 Rationale for Attendance Student Achievement
 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
					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 3/14/24

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 Bethanne Pardue Date Submitted 2/12/24
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Health Equity Grant Meetings 5 + 6
 Date(s) of Meeting/Conference March 26 + 27 Departure Time 6:00 Am Return Time 6:00 pm
 Place of Meeting/Conference Southeast South-Central Ed. Cooperative
 Rationale for Attendance Grant fulfillment for SES
 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
0	\$150	\$80	\$148.12	—	\$200	—	\$ 578.12

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

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Employee Signature [Signature] Date 2/12/24
 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 Michelle McPherson Date Submitted 02/22/2024
 School/Work Site FHS
 Name of Meeting/Conference BLS Instructor Course
 Date(s) of Meeting/Conference 3/27/24 Departure Time 7:00 Am Return Time 4:30 pm
 Place of Meeting/Conference WKU South Campus
 Rationale for Attendance CPR / First Aid class to become an instructor
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) local

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
\$350	\$	\$	\$27.60	\$	\$100	\$	\$477.60

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 _____

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	
Reimbursement Due							

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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 Amie Chaney Date Submitted 3/5/24
 School/Work Site Simpson E.L.
 Name of Meeting/Conference WKU Social Work Career Fair
 Date(s) of Meeting/Conference 3/28/24 Departure Time 11:30 Return Time _____
 Place of Meeting/Conference WKU - Kniebel Center
 Rationale for Attendance CEUs & Networking w/ other agencies
 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
—	—	—	\$18.40	—	—	—	\$18.40

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/7/24

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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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 April McNaughton Date Submitted 2/6/2024

School/Work Site RTC

Name of Meeting/Conference Practice-Based Coaching ToT

Date(s) of Meeting/Conference April-10-12-2024 Departure Time 1:00 Return Time 6:00

Place of Meeting/Conference Embassy Suites in Lexington

Rationale for Attendance invited to present @ training

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
	300	80.00				80.00	460.00 380.00

Principal Signature: _____ Grant/Admin: _____
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:
 Approved Not Approved... _____

Reason _____ Superintendent Signature *J. She* Date _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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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 Rachel Wright Date Submitted 2/6/2024

School/Work Site RTC

Name of Meeting/Conference Practice-Based Coaching TOT

Date(s) of Meeting/Conference April 10-12, 2024 Departure Time 1:00 Return Time 6:00

Place of Meeting/Conference Embassy Suites in Lexington

Rationale for Attendance invited to present @ training

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
	300	00.00				80.00	460.00 380.00

Principal Signature: _____ Grant/Admin: _____
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval: _____
 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	

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Employee Signature Rachel Wright Date 2/6/24

Supervisor Signature _____ Date _____

Reimbursement Due _____

Central Office Use: _____

Coding _____

CFO Approval _____