

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 Clark Date Submitted 3/16/24  
 School/Work Site CO  
 Name of Meeting/Conference Spring 2024 KASBO  
 Date(s) of Meeting/Conference May 8-19, 2024 Departure Time 7:30am Return Time 4:00pm  
 Place of Meeting/Conference Crowne Plaza, Louisville, KY  
 Rationale for Attendance PD  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 0011080 0338/0580

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|--|---------|--|-------|---------------------|
| 550-         | 370.30  | 80-   | van                                      | -       | -  | -     | \$1,000.30          |

Principal Signature: \_\_\_\_\_ Grant/Admin: *Paul Spears*  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature *JSH* Date 3/12/24

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 @<br>\$.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 Kim McAbee Date Submitted 3/11/24  
 School/Work Site CO  
 Name of Meeting/Conference Spring 2024 KASBO  
 Date(s) of Meeting/Conference May 8-10, 2024 Departure Time 7:30 am Return Time 4:00 pm  
 Place of Meeting/Conference Crawne Plaza, Louisville, KY  
 Rationale for Attendance PD  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 6011080 0338/0580

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| 550-         | 370.30  | 80-   | van                                       | -       | -  | -     | \$1,000.30          |

Principal Signature: \_\_\_\_\_ Grant/Admin: Paul Spear  
 Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval:  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 3/12/24

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 @<br>\$.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 Amanda Spears Date Submitted 3/11/24  
 School/Work Site CO  
 Name of Meeting/Conference Spring 2024 KASBC  
 Date(s) of Meeting/Conference May 8-10, 2024 Departure Time 7:30 am Return Time 4:00 pm  
 Place of Meeting/Conference Crown Plaza, Louisville, KY  
 Rationale for Attendance PD  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 0011080 0338/0580

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| 550-         | 370.30  | 80-   | van                                       | -       |  | -     | \$1000.30           |

Principal Signature: \_\_\_\_\_ Grant/Admin. Amanda Spears  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 3/12/24

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 @<br>\$.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 Rachel Wright Date Submitted 2/28/2024  
 School/Work Site BTC  
 Name of Meeting/Conference KYCCBD  
 Date(s) of Meeting/Conference 7/13-18/2024 Departure Time 3:00 Return Time 6:00  
 Place of Meeting/Conference Hyatt Regency Lexington  
 Rationale for Attendance Behavior Institute  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
| 300          | 834.00  | 200.00                                      | —   | —       | —  | —     | 1334.00             |

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 2/28/24

## 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 @<br>\$.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 \_\_\_\_\_  
 Supervisor Signature [Signature] Date \_\_\_\_\_

**Reimbursement Due**

Central Office Use:  
 Coding \_\_\_\_\_  
 CFO Approval \_\_\_\_\_



# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 2/28/2024  
 School/Work Site RTC  
 Name of Meeting/Conference KYCCBD  
 Date(s) of Meeting/Conference 7/13-18/2024 Departure Time 3:00 Return Time 6:00  
 Place of Meeting/Conference Hyatt Regency Lexington  
 Rationale for Attendance Behavior Institute  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|--|---|---------|--|-------|---------------------|
| 300.00       | 834.00  | 200.00                                     | —   | —       | —  |       | 1334.00             |

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. Sh... Date 2/28/24

## 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 @<br>\$.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 Laura M. Welsh Date \_\_\_\_\_  
 Supervisor Signature [Signature] Date \_\_\_\_\_

Reimbursement Due

Central Office Use:  
 Coding \_\_\_\_\_  
 CFO Approval \_\_\_\_\_

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 2/28/2024

School/Work Site RTC

Name of Meeting/Conference KYCCBD

Date(s) of Meeting/Conference 7/13-18/2024 Departure Time 3:00 Return Time 6:00

Place of Meeting/Conference Hyatt Regency, Lexington

Rationale for Attendance Behavior Institute

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify)

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back?</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other  | Total Est. Expenses |
|--------------|---------|---|---|---------|--|--------|---------------------|
| 300.00       | 834.00  | 200.00                                      | -   | -       | -  | 250.00 | 1584.00             |

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

Prior Superintendent Approval:  Approved  Not Approved...  
 Reason: \_\_\_\_\_ Superintendent Signature *JSH* Date 2/28/24

## 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 @<br>\$.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 *April McNaughton* Date \_\_\_\_\_

Central Office Use: \_\_\_\_\_  
Coding \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

CFO Approval \_\_\_\_\_

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 2/28/2024

School/Work Site RTC

Name of Meeting/Conference Ashland Conference

Date(s) of Meeting/Conference 7/18-20/2024 Departure Time 8:00 Return Time 6:00

Place of Meeting/Conference Ashland<sup>PTC</sup> Conference

Rationale for Attendance present @ conference

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         | 100.00                                      |   |         |  |       | 100.00              |

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval: \_\_\_\_\_  
[Signature] Date 2/28/24

Approved  Not Approved...  
Reason \_\_\_\_\_

Superintendent Signature

Submit this section with remaining items and 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]  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

[Signature]  
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 2/28/2024  
 School/Work Site RTC  
 Name of Meeting/Conference Ashland RTC Conference  
 Date(s) of Meeting/Conference 7/18-20/24 Departure Time 8:00 Return Time 6:00  
 Place of Meeting/Conference Ashland Conference  
 Rationale for Attendance present @ conference  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other  | Total Est. Expenses |
|--------------|---------|--|---|---------|--|--------|---------------------|
|              |         | 100.00                                     | -   | -       | -  | 100.00 | 200.00              |

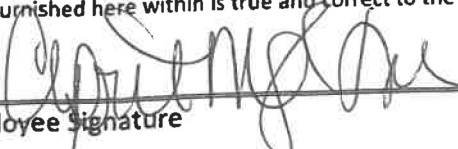
Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature  Date 2/28/24

## 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 @<br>\$.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  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 2/28/2024  
 School/Work Site BTC  
 Name of Meeting/Conference Ashland Conference  
 Date(s) of Meeting/Conference 2/18-20/2024 Departure Time 8:00 Return Time 6:00  
 Place of Meeting/Conference Ashland RTC Conference  
 Rationale for Attendance present @ conference

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

| Registration | Lodging | Meals<br><small>See policy on back*</small> | Mileage<br><small>\$0.46 per mile</small> | Airfare | Substitute<br><small>\$100 per day</small> | Other | Total Est. Expenses |
|--------------|---------|---|---|---------|--|-------|---------------------|
|              |         | 100.00                                      |   |         |  |       | 100.00              |

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 2/28/24

**TRAVEL EXPENSE REIMBURSEMENT REQUEST**  
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 |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
|                          |         |                 |         |       |                |             |       |
| <b>Reimbursement Due</b> |         |                 |         |       |                |             |       |

**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 Rachel Wright Date \_\_\_\_\_  
 Supervisor Signature [Signature] Date \_\_\_\_\_

Central Office Use:  
 Coding \_\_\_\_\_  
 CFO Approval \_\_\_\_\_