

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 3/19/24
 School/Work Site FSHS CTE
 Name of Meeting/Conference SKYCTC Future Healthcare Heroes Field Trip
 Date(s) of Meeting/Conference Friday - May 3, 2024 Departure Time 8:15 AM Return Time 2:30 pm
 Place of Meeting/Conference SKYCTC Bowling Green, KY
 Rationale for Attendance College requirement info., Hands on Activities for healthcare programs
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) local money
*Bus paid for by SKYCTC

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: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

***** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*****

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

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

Michelle McPherson 3/19/24
 Employee Signature Date
[Signature] 3/19/24
 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 Joyce Pais Date Submitted 3/21/24
 School/Work Site Lincoln
 Name of Meeting/Conference JRGC
 Date(s) of Meeting/Conference July 15 - 18 Departure Time 8:15 AM Return Time 6:25 PM
 Place of Meeting/Conference Orlando

Rationale for Attendance Culture and Climate
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Registration by district

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
\$550	\$225	\$160		\$385	\$0	75.00 Parking 400.00 <i>transportation to and from airport</i>	1795 ⁰⁰

Principal Signature: Joyce Pais Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/26/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

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

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Dva Lee Poole Date Submitted 3/26/24
 School/Work Site Transportation
 Name of Meeting/Conference Driver Trainer Workshop
 Date(s) of Meeting/Conference April 1-5, 2024 Departure Time 3/31/24 4pm Return Time 4/6/24 800pm
 Place of Meeting/Conference Frankfort Ky
 Rationale for Attendance New Driver Trainer
 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
—	\$574.70	\$200.00	—				\$774.70

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/28/24

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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X Dva Lee Poole 3-26-24
 Employee Signature Date
[Signature] 3/26/24
 Supervisor Signature Date

Reimbursement Due

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 Sue Ann Prater Date Submitted 3/20/24
 School/Work Site Middle School
 Name of Meeting/Conference KSNH Managers Retreat
 Date(s) of Meeting/Conference 3/20-3/22 Departure Time 2:00pm Return Time 4:00pm
 Place of Meeting/Conference Somerset Conf. Center, Somerset, KY
 Rationale for Attendance Annual mgr. conf. - training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Food Service

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	80.00					380.00

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/21/24

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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 Jermaine Robey Date Submitted 3/15/24
 School/Work Site FSHS
 Name of Meeting/Conference Boys Basketball State Tournament
 Date(s) of Meeting/Conference March 19-24 Departure Time 12pm^{8am} Return Time 12pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance an awareness level activity
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Jr. Wildcat Basketball

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
	835. ⁰⁰	200. ⁰⁰					1035. ⁰⁰

Principal Signature: Stephanie Downey Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J. Shl Date 3/18/24

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

Central Office Use:

Coding

CFO Approval

Employee Signature Jermaine Robey Date 3/15/24
 Supervisor Signature _____ Date _____

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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 Amber Rosbottom Date Submitted 3/21/24
 School/Work Site Lincoln
 Name of Meeting/Conference JRGC
 Date(s) of Meeting/Conference July 15 - 18 Departure Time 8:15 AM Return Time 6:25 PM
 Place of Meeting/Conference Orlando
 Rationale for Attendance Culture and Climate
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Registration by district

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
\$550	\$225	\$160		\$385	\$0		1320 ⁰⁰

Principal Signature: Joyce Pais Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH Date 3/26/24

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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.***"

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					Amount	Explanation	

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Employee Signature Amber RA Date 3-21-24

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 Pam Shaffer Date Submitted 3/26/24
 School/Work Site Transportation
 Name of Meeting/Conference Driver Trainer Workshop
 Date(s) of Meeting/Conference April 1 - April 3, 2024 Departure Time 3/31/24 4pm Return Time 4/3/24 800pm
 Place of Meeting/Conference Frankfort Ky
 Rationale for Attendance Driver Trainer update
 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
—	—	\$120.00	\$156.40	—	—		\$276.40

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 3/28/24

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Pam Shaffer 3/26/24
 Employee Signature Date
[Signature] 3/26/24
 Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lee Ann Smith Date Submitted March 18, 2024
 School/Work Site FSMS
 Name of Meeting/Conference STLP State Conference
 Date(s) of Meeting/Conference March 27, 2024 Departure Time 03.26, 4:30 p.m. Return Time 03.27, 9:00 p.m.
 Place of Meeting/Conference Rupp Arena, Lexington, KY
 Rationale for Attendance FSMS Middle School STLP Coach

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	\$ 40	\$ 161	\$ 0	\$ 100	\$ 0	\$ 301

Principal Signature: _____ Grant/Admin: _____

Prior Superintendent Approval: Approved Not Approved...
 Reason: _____ Superintendent Signature: J. Sh... Date: 3/21/24
Required if Expenses are Paid by Grant Funds

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Reimbursement Due _____

Employee Signature Date

Supervisor Signature Date

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name William D. Spencer Date Submitted 3/15/24
 School/Work Site FSHS
 Name of Meeting/Conference Boys Basketball State Tournament
 Date(s) of Meeting/Conference March 20-19-24 Departure Time 12pm ^{8am} Return Time 12pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance an awareness level activity
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Jr. Wilcox Basketball

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
	835. ⁰⁰	200. ⁰⁰	158.24			Parking 110. ⁰⁰	1303.24

Principal Signature: Stephanie Downey Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature [Signature] Date 3/18/24

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William D. Spencer 3/15/24
 Employee Signature Date

 Supervisor Signature Date

Reimbursement Due

Central Office Use:

Coding

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 Complete ALL items on top half of form.
 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sue Swift Date Submitted 3/20/24
 School/Work Site Lincoln
 Name of Meeting/Conference KSNA managers Retreat
 Date(s) of Meeting/Conference 3/20-3/22 Departure Time 2:00pm Return Time 4:00pm
 Place of Meeting/Conference Somerset Conf. Center, Somerset, KY
 Rationale for Attendance Annual mgr. conf. - training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Food Service

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	80.00					380.00

Principal Signature: [Signature] Grant/Admin: _____
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Reimbursement Due

 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

