

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 Michael Barnum Date Submitted 4/12/24
 School/Work Site Simpson
 Name of Meeting/Conference Mezzano GRREL
 Date(s) of Meeting/Conference 4/16/24 Departure Time 7am Return Time 5:00 pm
 Place of Meeting/Conference Cane City Convention Center

Rationale for Attendance _____
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) IR

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
			82				\$37.72

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/16/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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 Katie Caudill Date Submitted 4/15/24
 School/Work Site Simpson Elementary
 Name of Meeting/Conference GRREC/Marzano
 Date(s) of Meeting/Conference 4/16/24 Departure Time _____ Return Time _____
 Place of Meeting/Conference Cave City Convention Center
 Rationale for Attendance training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) IR

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
			104				\$47.84

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

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	
4/15	104	\$47.84					

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.

Katie Caudill 4/15/24
 Employee Signature Date

 Supervisor Signature Date

Reimbursement Due

Central Office Use:

 Coding

 CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Carlin Cavanah Date Submitted 7/8/2024

School/Work Site LES

Name of Meeting/Conference Ky-CCBD Behavior Institute 2024 Back to Basics

Date(s) of Meeting/Conference July 14-18 Departure Time 8am Return Time 7pm

Place of Meeting/Conference Lexington Ky

Rationale for Attendance PBIS committee training

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

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
225	155	100		X	X	X	

Principal Signature: _____ Grant/Admin: Shelie Smith

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

Approved Not Approved...

Reason _____

A Shl
Superintendent Signature 4/24/24
Date

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Caleb Crabtree Date Submitted 4/8/2024
 School/Work Site LES
 Name of Meeting/Conference Ky-CCBD Behavior Institute 2024 Back to Basics
 Date(s) of Meeting/Conference July 14-16 Departure Time 8 am Return Time 7 PM
 Place of Meeting/Conference Lexington Ky
 Rationale for Attendance PBIS committee training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) TR

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>225</u>	<u>309</u>	<u>100</u>		<u>X</u>	<u>X</u>	<u>X</u>	

Principal Signature: _____ Grant/Admin: Shelina Smith
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: ✓ Approved Not Approved...
J. Shel Superintendent Signature 4/24/24 Date

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Doty Date Submitted 4/29/24

School/Work Site Simpson Elementary

Name of Meeting/Conference Jostens Renaissance Conference

Date(s) of Meeting/Conference July 15-18 Departure Time 6:00am Return Time 7:30pm

Place of Meeting/Conference Hilton Orlando Orlando, Florida

Rationale for Attendance School climate/culture, district-wide attendance

Expenses paid by: SBDM 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
\$595		\$155	\$92	\$400		\$40	\$1282

Principal Signature: Grant/Admin: _____

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

Approved Not Approved...
 Reason _____ Superintendent Signature Date 5/7/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due _____

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Doty Date Submitted April 29, 2024
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Prepare Crisis Training
 Date(s) of Meeting/Conference June 20-21 Departure Time 7:30am Return Time 5:30pm
 Place of Meeting/Conference GRREC
 Rationale for Attendance Crisis response training
 Expenses paid by: SBDM ~~PD~~ Spec Ed KETS Other (MUST Specify) FQ IR

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
\$55	\$0	\$0	\$24.84	0	0	0	\$79.84

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 5/7/24

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for PRIOR APPROVAL
 Complete ALL items on top half of form
 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stephanie Downey Date Submitted April 29, 2024
 School/Work Site Franklin Simpson High School
 Name of Meeting/Conference Josten Renaissance Conference
 Date(s) of Meeting/Conference 7/15 - 7/18 Departure Time 7/15 @ 6 am Return Time 7/18 @ 9 pm
 Place of Meeting/Conference Hilton Orlando
 Rationale for Attendance School Culture and Climate Conferende

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

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	\$180.00	\$0	\$0	\$0	\$0	\$180.00

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 5/3/24

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 [Signature] Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stephanie Downey Date Submitted April 29, 2024

School/Work Site Franklin Simpson High School

Name of Meeting/Conference Kentucky Center for Safe Schools

Date(s) of Meeting/Conference 6/11 & 6/12 Departure Time 6/10 @ 4 pm Return Time 6/12 @ 7 pm

Place of Meeting/Conference Great Crossing High School Georgetown, KY

Rationale for Attendance School Safety, PD/EILA

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

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	\$327.80	\$80.00	356 x \$0.46 \$163.76	\$0	\$0	\$0	\$571.56

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved...

[Signature]
Superintendent Signature

[Signature]
Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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Reimbursement Due _____

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kevin Samuel King Date Submitted 4/8/24
 School/Work Site FSHS CTE
 Name of Meeting/Conference WKU Field Day
 Date(s) of Meeting/Conference 7/16/24 Departure Time 8:00 AM Return Time 3:00 PM
 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: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J. Spill Date 4/12/24

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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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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 Lucinda Eversman Date Submitted 4/16/24
 School/Work Site Franklin & Lincoln Elem
 Name of Meeting/Conference ASAP
 Date(s) of Meeting/Conference 4/25/24 Departure Time 11am Return Time 1:30pm
 Place of Meeting/Conference Logan County
 Rationale for Attendance Quarterly meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FRC

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			0				0

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/10/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due

Lucinda Eversman 4/16/24
 Employee Signature Date
[Signature] 4/16/24
 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 Lucinda Eversman Date Submitted 4/16/24
 School/Work Site Franklin & Lincoln Elem FRC
 Name of Meeting/Conference FRVSC Regional Meeting
 Date(s) of Meeting/Conference 4/23/24 Departure Time 8:30am Return Time 2pm
 Place of Meeting/Conference Crossland Community Church Bowling Green, Ky
 Rationale for Attendance Regional meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FRC

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			<u>0</u>				<u>0</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/18/24

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	

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

Lucinda Eversman 4/16/24
 Employee Signature Date
[Signature] 4/16/24
 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 Lucinda Eversman Date Submitted 4/16/24
 School/Work Site Franklin & Lincoln Elem FRC
 Name of Meeting/Conference ALS Regional Collaborative
 Date(s) of Meeting/Conference 4/18/24 Departure Time 12noon Return Time 2:30pm
 Place of Meeting/Conference Allen Co. Cooperative Ext. Office
 Rationale for Attendance Quarterly early childhood meeting.
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FRC

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			<u>0</u>				<u>0</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 4/18/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due

Lucinda Eversman 4/16/24
 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form. Attach Meeting Registration Form

Employee Name Robin Hollingsworth Date Submitted 4-29-24
 School/Work Site Community Educators
 Name of Meeting/Conference Rotary District 6710 Annual Conference
 Date(s) of Meeting/Conference 5-10-24 to ~~11~~ Departure Time 6:00m Return Time 6:00pm
 Place of Meeting/Conference 5-11-24 Hyatt Regency Louisville Conference
 Rationale for Attendance Fully delegation to Rotary, Networking - Interact Youth Club
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) C.E.

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
99.00	400.00	0	0	0	0	0	500.00

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/30/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lori Honshell Date Submitted 4-22-24
 School/Work Site SEB PRC
 Name of Meeting/Conference Regional Meeting
 Date(s) of Meeting/Conference 4-23-24 Departure Time 8:30 Return Time 3:00
 Place of Meeting/Conference Crossland Church B67
 Rationale for Attendance Training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SEB PRC

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>0</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: Approved Not Approved...
 Reason: _____ Superintendent Signature: [Signature] Date: 4/23/24
Required if Expenses are Paid by Grant Funds

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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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Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LOU Hornshell Date Submitted 4-22-24
 School/Work Site SES PLC
 Name of Meeting/Conference ASAP
 Date(s) of Meeting/Conference 4-25-25 Departure Time 11:00 Return Time 1:30
 Place of Meeting/Conference Logan County Public Library
 Rationale for Attendance board meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES PLC

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
							0

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/23/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					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 Samuel Kessler Date Submitted 4/20/24
 School/Work Site FSHS
 Name of Meeting/Conference KENTUCKY CENTER FOR SAFE SCHOOLS
 Date(s) of Meeting/Conference JUNE 11 + JUNE 12 (9:00-5:00) BOTH DAYS Departure Time 4:30 PM (JUNE 11) Return Time 7:00 PM (JUNE 12)
 Place of Meeting/Conference GREAT CROSSINGS HIGH SCHOOL GEORGETOWN, KY
 Rationale for Attendance PD/ELA, SCHOOL SAFETY
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) HUB

Estimated Expenses:

Registration	Lodging	Meals <small>(see policy on back)</small>	Mileage <small>(50¢ per mile)</small>	Airfare	Substitute <small>(100% of pay)</small>	Other	Total Est. Expenses
0	327.80	80-	388 x 0.46 = 178.48	0	0	0	\$586.28

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 5/6/24

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
