	Date Submitted 4/12/24
School/Work Site Singsa	
Name of Meeting/Conference Wazano GRRE	
	Departure Time 7Am Return Time 5:00 pm
Place of Meeting/Conference Cave City C	
Rationale for Attendance Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed	Van TO
Expenses paid by:   SBDM PD Spec Ed	☐ KETS ☐ Other (MUST Specify)
Estimated Expenses:	
Principal Signature:	Mileage Substitute Other Total Est. Expenses \$0.46 per mile \$100 per day \$37.72  Grant/Admin: Required if Expenses are Paid by Grant Funds  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 Date # Miles Charge @ Lodging \$.46	vel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses  Total  Amount Explanation
Date # Miles Charge @ Lodging	Other Expenses Total
Date # Miles Charge @ Lodging	Other Expenses Total
Date # Miles \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the ab employee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Cour	Meals Amount Explanation  Total  Amount Explanation  Total  Prove statement were incurred by an icial business; that they are proper noty Board of Education; and that all
Date # Miles Charge @ Lodging \$.46  Lodging Lodging S.46  Affidavit: I hereby certify that all expenses included in the abemployee of Simpson County Schools in the capacity of office.	Meals Amount Explanation  Total  Amount Explanation  Formula Service S
Date # Miles \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the ab employee of Simpson County Schools in the capacity of officharges qualifying for reimbursement from the Simpson Cour	Meals Amount Explanation  Total  Amount Explanation  Total  Prove statement were incurred by an icial business; that they are proper noty Board of Education; and that all

Employee Name Katie Ca	udill p	Pate Submitted 4/15/24
	Elementary	
Name of Meeting/Conference GRRE		
Date(s) of Meeting/Conference	/ 0 . 1	parture TimeReturn Time
•	1	ition Center
Rationale for Attendance <u>Fraining</u>	,	
	Spec Ed ☐ KETS ☐ Othe	er (MUST Specify) IR
Estimated Expenses:		
Registration Lodging Mean See policy of See policy of Principal Signature:  Prior Superintendent Approval:  Approved Not Approved  Reason	back* \$0.46 per mile	irfare Substitute Other Total Est. Expenses 100 per day  St/Admin: Required if Expenses are Paid by Grant Funds  Signature Date
Submit this section upon returning. Include original required receipts and signature:		PENSE REIMBURSEMENT REQUES
original required receipts and signature.  **** Per Board Policy 03.125 and 03.225: "Out-of-  Date # Miles Charge @  \$.46	INAVELEN	Other Expenses Amount Explanation
original required receipts and signature  *** Per Board Policy 03.125 and 03.225: "Out-of-	INAVEL EAL	Other Expenses  Total
original required receipts and signature.  **** Per Board Policy 03.125 and 03.225: "Out-of-  Date # Miles Charge @  \$.46	INAVEL EAL	Other Expenses  Total
original required receipts and signature.  **** Per Board Policy 03.125 and 03.225: "Out-of-  Date # Miles Charge @  \$.46	Lodging Meals  Meals  d in the above statement were incity of official business; that the approximate the position of the statement of the statement was a statement were incity of official business; that the approximate the statement was a statement were incity of official business; that the approximate the statement was a statement were incited by the statement was a statement were incited by the statement was a statement were incited by the statement was a	Other Expenses Amount Explanation  Total  Reimbursement Due ey are proper
original required receipts and signature.  **** Per Board Policy 03.125 and 03.225: "Out-of-leading of the policy	Lodging Meals  Meals  d in the above statement were incity of official business; that the approximate the position of the statement of the statement was a statement were incity of official business; that the approximate the statement was a statement were incity of official business; that the approximate the statement was a statement were incited by the statement was a statement were incited by the statement was a statement were incited by the statement was a	Other Expenses Amount Explanation  Total  Control of the travel return date of the travel return
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capacharges qualifying for reimbursement from the Sindata furnished here within is true and correct to the state of t	Lodging Meals  Meals  d in the above statement were incity of official business; that the approximate the position of the statement of the statement was a statement were incity of official business; that the approximate the statement was a statement were incity of official business; that the approximate the statement was a statement were incited by the statement was a statement were incited by the statement was a statement were incited by the statement was a	Other Expenses Amount Explanation  Total  Control of the travel return date of the travel return
original required receipts and signature.  **** Per Board Policy 03.125 and 03.225: "Out-of-leading of the policy	d in the above statement were incity of official business; that the above to find the best of my knowledge.	Other Expenses Amount Explanation  Total  Reimbursement Due ey are proper n; and that all  Central Office Use:

Employee N	lame Car	tlin	Cavano	en	Dat	e Submitte	d_481	2024	
C - l   /\A/	di Cita	4							
		1/.	4-CCBI	) Beh	aviar Inst	itute	2024 12	eck to bas	5185
Date(s) of N	leeting/Confere	ence	July 1	4-16	Depar	ture Time	Bam	Return Time	7pm
Place of Me	eting/Conferen	ce	extract	m Ky	1 .				
Rationale fo	or Attendance _	<u> 1913</u>	15 con	unitte	e trainir	19			
Expenses pa	aid by: 🗆 SB	D MDs	PD 🗆 Spe	c Ed 🔲 KE	TS 🗹 Other (	MUST Spe	cify) <u>7Q</u>		
Estimated E	xpenses:								
Registratio	on Lodging		Meals e policy on back	<b>Mile</b> : * \$0.46 pe			<b>ubstitute</b> 100 per day	Other T	otal Est. Expenses
225	155		100	, 50.40 pc	×	•	<i>⁄</i>	X	
	nature:				Grant/	Admin:	Seguired if	Expenses are Paid	by Grant, Funds
1	ntendent Appro		ad		4	X	V	J	124/24
	ved Not			Supa	rintendent Sigr	nature			Date
				Зирс	interident 5/6				
original	s section upon re I required receip	ts and sig	gnatures.	IKA	AVEL EXP				REQUEST
	a Policy 03.123 and								
Date	# Miles	Charge \$.46	@ Lo	odging	Meals	Amour	Other Expen		Total
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses	
		Charge	@ Lo	6 Fab. 5 Fab.			Other Expen	ses cplanation	
Date  Affidavit: I he	# Miles	Charge \$.46	@ La	odging	Meals	Amour	Other Expen	ses	
Affidavit: I he employee of charges qualif	# Miles	Charge \$.46	es included in the capacity of the Simpson	the above sta	Meals  tement were incusiness; that they are of Education; a	Amour	Other Expen	ses uplanation ursement Due	
Affidavit: I he employee of charges qualif	# Miles  reby certify that al Simpson County S fying for reimburse d here within is true	Charge \$.46	es included in the capacity of the Simpson	the above sta	Meals  tement were incusiness; that they are of Education; a	Amour	Other Expen	ses uplanation ursement Due	
Affidavit: I he employee of charges qualif data furnished	# Miles  reby certify that al Simpson County S fying for reimburse d here within is true	Charge \$.46	es included in the capacity of the Simpson	the above sta	tement were incusiness; that they are of Education; a ledge.	Amour	Reimbu  Central Off	ses uplanation ursement Due	

Ari Oho	4/2/0/2/
Employee Name Mile Many	Date Submitted 4/20/24
School/Work Site	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Workshopa hosted by GPREC
Date(s) of Meeting/Conference Time 20	Departure Time 7130 Return Time 5:15
Place of Meeting/Conference GRRE	
Rationale for Attendance	
Expenses paid by: SBDM PD Spec	Ed
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Substitute Other Total Est. Expenses \$100 per day \$110, 20
Principal Signature:  Prior Superintendent Approval:	Grant/Admin:
Approved Not Approved	5/7/2
Reason	Superintendent Signature Date
Submit this section upon returning. Include any	TRAVEL EXPENSE REIMBURSEMENT REQUEST
original required receipts and signatures.  *** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Total
Date # Miles Charge @ Lod \$.46 Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses Amount Explanation  Total  Amount Explanation  Reimbursement Due
Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lodge \$.46 Lodge	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses Amount Explanation  Total  e above statement were incurred by an official business; that they are proper county Board of Education; and that all
Date # Miles Charge Lod \$.46 Lod 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 County Schools in the best of data furnished here within is true and correct to the best of the service	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses Amount Explanation  Total  e above statement were incurred by an official business; that they are proper county Board of Education; and that all
Date # Miles Charge Lod \$.46 Lod	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses Amount Explanation  Total  Provided the submitted within thirty (30) days of the travel return date.**  Total  Reimbursement Due  Reimbursement Due  Central Office Use:

Employee Na	ime Cal	ev	Crab	ree		Date	e Submitte	ed	1/8/2020	<u> </u>	
Employee Na	Site	ES									
Name of Me	eting/Confer	ence_	Ky- (	CBD	Beha	yur Insti	tute ?	2024	Back to E	basics	
Date(s) of Me	eeting/Confe	rence	<u>Jul</u>	914	-16	Depar	ture Time	8 ev	Back to E n_Return	Time	PM
Place of Mee	ting/Confere	nce	Lextr	glin	Ky						
Rationale for	Attendance	1	5/5 a	$\mathcal{M}_{\mathcal{M}}$	ittee	train	mg_				
Expenses pai	d by: 🔲 S	BDM	□ PD	□ Spec E	d 🗆 KE	TS 🗹 Other (	MUST Spe	cify) <u> </u>	Q		
Estimated Ex	penses:										
Registratio	n Lodgii	ng	<b>Me</b> See policy	als	<b>Milea</b> \$0.46 pe			ubstitute 100 per da		Total	Est. Expenses
225	300	1	100		30.10 pc	X		X	$\longrightarrow$		
Dain single Sign	aturo					Grant/	Admin:	Shil	in Sm	M	
Principal Sigr Prior Superin							~0	Requ	ired if Expenses are	Paid by G	rant Funds
Approv	red No	t App	roved				-8h			41	2424
Reason					Super	rintendent Sigr	nature			2 %	Date
	required recei										
*** Per Board	Policy 03.125 a	100000	A STATE OF THE PARTY.	RIPS SI			T be submit		thirty (30) days of Expenses	f the trave	
*** Per Board  Date	Policy 03.125 a # Miles	Cha	25: "Out-o rge @ .46	f-District 1 Lod		bursements MUS Meals	T be submit Amou	Other		f the trave	return date.*** Total
		Cha	rge @	RIPS SI				Other	Expenses	f the trave	
		Cha	rge @	RIPS SI				Other	Expenses	the trave	
		Cha	rge @	RIPS SI				Other	Expenses	f the travel	
		Cha	rge @	RIPS SI				Other	Expenses	f the travel	
		Cha	rge @	RIPS SI				Other	Expenses	f the travel	
		Cha	rge @	RIPS SI				Other	Expenses	f the travel	
		Cha	rge @	RIPS SI				Other	Expenses	f the travel	
Date	# Miles	Cha \$	rge @ .46	Lode	ging	Meals	Amou	Other Int	Expenses		
Date  Affidavit: I here employee of S	# Miles  eby certify that impson County	Cha \$ all expe School	rge @ .46 enses inclusing the care	Lode	above star	Meals  tement were incusiness; that they is	Amous	Other Int	Expenses Explanation		
Affidavit: I here employee of Scharges qualify	# Miles  eby certify that impson County	Cha \$ all expe School	enses inclusion the categorial from the	Lode ded in the spacity of Simpson C	above star	Meals  tement were incusiness; that they are of Education; a	Amous	Other Int	Expenses Explanation		
Affidavit: I her employee of S charges qualify data furnished	# Miles  eby certify that impson County ring for reimbur here within is to	Cha \$ all expe School	enses inclusion the categorial from the	Lode ded in the spacity of Simpson C	above star	Meals  tement were incusiness; that they are of Education; are edge.	Amous	Other Int	Expenses Explanation  simbursement [		
Affidavit: I here employee of Scharges qualify	# Miles  eby certify that impson County ring for reimbur here within is to	Cha \$ all expe School	enses inclusion the categorial from the	Lode ded in the spacity of Simpson C	above star	Meals  tement were incusiness; that they are of Education; a	Amous	Other Int	Expenses Explanation  simbursement [		
Affidavit: I her employee of S charges qualify data furnished	# Miles  eby certify that impson County ing for reimbur here within is to gnature	Cha \$ all expe School	enses inclusion the categorial from the	Lode ded in the spacity of Simpson C	above star	Meals  tement were incusiness; that they are of Education; are edge.	Amous	Re Centra	Expenses Explanation  simbursement [		

<b>Employee Na</b>	ame Lau	ıra Doty			Dat	e Submitte	ed4	/29/24	
School/Work	Site Sim	pson Elementary	,						
		ence Jostens		e Conferen	ce				
		rence July 15				ture Time	6:00am	Return T	ime7:30pm
		nce <u>Hilton Or</u>							
Rationale for	Attendance	School climate	te/culture, d	istrict-wide	attendance				
Expenses pai	id by: 💢 s	BDM BD	☐ Spec Ed	☐ KETS	□ Other	(MUST Spe	cify)		
Estimated Ex	- 3								
Registratio	n Lodgir		e <b>als</b> y on back*	Mileage \$0.46 per m			Substitute S100 per day	Other	Total Est. Expenses
\$595		\$15		\$92	\$400			\$40	\$1282
0 : 10:		1.000	Ca		Grant/	Admin:			
Principal Sign	tendent Appi	roval:			Granit/	Admin	Require	ed if Expenses are I	Paid by Grant Funds
	red No				40	//			c/2/24
		тенри отса		Superin	tendent Sig	nature			Date
								- F-10 10 F-	
original	required recei	returning. Inclu pts and signatu	COLUMN TO STREET, STRE	TRAV	EL EXP	ENSE F	REIMB	URSEMEN	NT REQUEST
*** Per Board	Policy 03.125 ar	nd 03.225: "Out-o	f-District Tra	vel Reimbu	rsements MUS	ST be submit	ted within t	hirty (30) days of t	the travel return date.***
*** Per Board  Date	Policy 03.125 ar	nd <b>03.225: "Out-o</b> Charge @ \$.46	f-District Tra Lodgir		rsements MUS	ST be submit Amou	Other Ex	THE RESERVE TO STATE OF THE PARTY.	the travel return date.*** Total
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
	IR U.S.	Charge @					Other Ex	penses	
Date	# Miles	Charge @ \$.46	Lodgir	ng	Meals	Amou	Other Ex	penses Explanation	Total
Date  Affidavit: I here employee of S	# Miles  # Miles	Charge @ \$.46	Lodgir ded in the al	bove staten	Meals  ment were incuss; that they	Amou	Other Ex	penses	Total
Affidavit: I here employee of S charges qualify	# Miles  by certify that a impson County ing for reimburs	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodgir ded in the al pacity of off Simpson Cou	bove staten	Meals  ment were incuss; that they of Education; a	Amou	Other Ex	penses Explanation  nbursement Du	Total
Affidavit: I here employee of S charges qualify	# Miles  by certify that a impson County ing for reimburs	Charge @ \$.46	Lodgir ded in the al pacity of off Simpson Cou	bove staten	Meals  ment were incuss; that they of Education; a	Amou	Other Ex	penses Explanation	Total
Affidavit: I here employee of S charges qualify data furnished	# Miles  eby certify that a impson County ing for reimburs here within is true.	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodgir ded in the al pacity of off Simpson Cou	bove staten	ment were incuss; that they of Education; age.	Amou	Rein Central C	penses Explanation  nbursement Du	Total
Affidavit: I here employee of S charges qualify	# Miles  eby certify that a impson County ing for reimburs here within is true.	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodgir ded in the al pacity of off Simpson Cou	bove staten	Meals  ment were incuss; that they of Education; a	Amou	Other Ex	penses Explanation  nbursement Du	Total
Affidavit: I here employee of S charges qualify data furnished	# Miles  eby certify that a impson County ing for reimburs here within is true.	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodgir ded in the al pacity of off Simpson Cou	bove staten	ment were incuss; that they of Education; age.	Amou	Rein Central C	penses Explanation  nbursement Du	Total

Employee Na	me Laura	Doty		Date	e Submitted	April 29	9, 2024	
School /Mark	Sita Sin	nnson Flement	ary					
Name of Mee	eting/Confer	ence Prepar	e Crisis Trainin	g				
Date(s) of Me	eeting/Confe	rence June	20-21	Depar	ture Time _	7:30am	Return Tim	ne5:30pm
Place of Mee	ting/Confere	ence GRREC						
Rationale for	Attendance	Crisis respon	nse training				,	X
Expenses paid	d by:	SBDM PD	□ Spec Ed □ F	KETS DOther (	MUST Speci	fy) To	QIR	
Estimated Ex	penses:							
Registration	n Lodgi	ng <b>M</b> e See policy		eage Airfa per mile		bstitute 10 per day	Other	Total Est. Expenses
\$55	\$			24.84		A per day	0.0	\$79.84
		1 401	<u>,                                    </u>		0		() -	
Principal Sign	nature:	ililily	2 um	Grant//	Admin:	Dhu	Smill	<u> </u>
Prior Superin	tendent App	roval:	<i>)</i> ·	1	1-01	Required i	f Expenses are Pai	d by Grant Funds
Approv	red No	ot Approved			) XV			5/7/24
Reason			Sup	erintendent Sigr	nature			Date
original r	required recei	returning. Including inches in the second in	es. IK					<b>REQUEST</b>
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Rei	imbursements MUS	T be submitte	-		travel return date.***
Date	# Miles	Charge @ \$.46	Lodging	imbursements MUS  Meals	Amount	Other Exper		travel return date.***  Total
<b>公司和公司</b>	623	Charge @				Other Exper	ises	
<b>公司和公司</b>	623	Charge @				Other Exper	ises	
	623	Charge @				Other Exper	ises	
	623	Charge @				Other Exper	ises	
	623	Charge @				Other Exper	ises	
	623	Charge @				Other Exper	ises	
<b>公司和公司</b>	623	Charge @				Other Exper	ises	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Exper	ises	
Date  Affidavit: I here employee of Si	# Miles	Charge @ \$.46 all expenses inclu- Schools in the ca	Lodging  ded in the above st	Meals  tatement were incu	Amount  rred by an are proper	Other Exper	nses xplanation	
Affidavit: I here employee of Si charges qualifyi	# Miles  by certify that impson County ing for reimbur	Charge @ \$.46 \$.46 all expenses inclused Schools in the casement from the second secon	Lodging  ded in the above st	Meals tatement were incursiness; that they apard of Education; a	Amount  rred by an are proper nd that all	Other Exper	ursement Due	
Affidavit: I here employee of Si charges qualifyi	# Miles  by certify that impson County ing for reimbur	Charge @ \$.46 \$.46 all expenses inclused Schools in the casement from the second secon	Lodging  ded in the above st pacity of official b Simpson County Bo	Meals tatement were incursiness; that they apard of Education; a	Amount  rred by an are proper nd that all	Reimb	ursement Due	
Affidavit: I here employee of Si charges qualifyi	# Miles  bby certify that impson County ing for reimbur here within is tr	Charge @ \$.46 \$.46 all expenses inclused Schools in the casement from the second secon	Lodging  ded in the above st pacity of official b Simpson County Bo	Meals tatement were incursiness; that they apard of Education; a	Amount  rred by an are proper and that all	Reimb	ursement Due	
Affidavit: I here employee of Si charges qualifyi data furnished I	# Miles  bby certify that impson County ing for reimbur here within is tr	Charge @ \$.46 \$.46 all expenses inclused Schools in the casement from the second secon	Lodging  ded in the above st pacity of official b Simpson County Bo	Meals  tatement were incurusiness; that they abard of Education; awledge.	Amount  rred by an are proper and that all	Reimb	ursement Due	



Employee N	<sub>ame</sub> Step	hanie Down	ey	Date	e Submitte	d April 2	29, 2024	
			High School					
-			Renaissance	Conference				
Date(s) of M	leeting/Confe	rence <u>7/15 -</u>	7/18	Depar	ture Time	7/15 @ 6 :	am_Return Time	e <b>7/18 @ 9 pm</b>
Place of Me	eting/Confere	nce <u>Hilton O</u>	rlando					
Rationale fo	r Attendance	School Culti	ure and Clima	te Conferen	de			<del></del> :
Expenses pa	id by: □ S	BDM 🗆 PD 🏻	☐ Spec Ed ☐ KE	TS 🗆 Other (	MUST Spe	cify) _ H	13	
Estimated Ex	xpenses:							
Registratio	n Lodgir	ng Mea See policy				ubstitute 100 per day	Other T	otal Est. Expenses
\$0	\$0	\$18	0.00 \$0	\$0	)	\$0	\$0	\$180.00
V Appro	ntendent Appr ved No		Supe	Grant//	Shel	Required	if Expenses are Paic	by Grant Funds  5 /3 /24  Date
The same of the sa		chs and eignature and 03.225: "Out-of Charge @ \$.46	ALCOHOL: SANCE OF THE PARTY OF	nbursements MUS Meals	T be submitt	Other Expe		travel return date.*** Total
employee of a charges qualif	Simpson County ying for reimbur	Schools in the cap sement from the S	led in the above sta pacity of official bu- impson County Boa he best of my knowl	siness; that they a rd of Education; a	are proper	Reimb	fice Use:	
Employee S	ignature	n		Date		Coding		
Supervisor	Signature			Date		CFO Appro	oval	



Employee Name	Stephani	e Downey		Date Subm	itted April 2	29, 2024	
		impson High	School				
		Kentucky Cer		Schools			
					ne <b>6/10 @ 4</b> j	om_Return Ti	me 6/12 @ 7 pm
		Great Crossing					
Rationale for Att	tendance Sch	ool Safety, PD	/EILA		: \4	. 0	
Expenses paid b	y: 🗆 SBDM	□ PD □ Spec	Ed □ KETS □	Other (MUST S	Specify)	18	
Estimated Exper	nses:						
Registration	Lodging	<b>Meals</b> See policy on back*	Mileage \$0.46 per mile	Airfare	<b>Substitute</b> \$100 per day	Other	Total Est. Expenses
\$0	\$327.80	\$80.00	356 x \$0.46 \$163.76	\$0	\$0	\$0	\$571.56
Principal Signatu Prior Superinten Approved Reason	dent Approval:		Superintend	Grant/Admin:	Required	if Expenses are P	S/G/24 Date
	# Miles Ch	arge @		eals	Other Expe		he travel return date.*** Total
employee of Simp charges qualifying	son County Schoo for reimbursemer	penses included in the ols in the capacity of it from the Simpson of dicorrect to the best of	official business; tl County Board of Ed	hat they are prop	er	oursement Du	ie
Employee Signa	iture		Da	ate	Coding		10
Supervisor Sign	ature		Da	nte	CFO Appr	oval	

-		= /				,	
Employee Name		- San	ve/ EmoDate	e Submitt	ted	8/24	
School/Work Site	5H5 C	TE	1 0				
Name of Meeting/Confere	ence WK	V Fiela	Pay				
Date(s) of Meeting/Confer	rence 1//	6/24	Depar	ture Time	8:004	AReturn Ti	me 3:00 PA
Place of Meeting/Confere			Po				
Rationale for Attendance	5tuden	+ Ach	il renent	-			
Expenses paid by:	BDM □ PD I	□ Spec Ed □	KETS 🛮 Other (	MUST Sp	ecify)		
Estimated Expenses:							
Registration Lodgin	ng Me See policy		leage Airfa per mile	are	Substitute \$100 per day	Other	Total Est. Expenses
	See policy	Off back \$0.40	per fille		100		100
0 : 16: 1	M		Grant/	\dmin:	· (		
Principal Signature:  Prior Superintendent Appr	oval:		Grancy/		Required i	if Expenses are P	aid by Grant Funds
V Approved No				The			4/12/24
Reason		Sup	erintendent Sign	nature			Date
Submit this section upon (		Parity To			0511.4011	DOEN AEN	
	व्यवनाता नीयनातार	es. In					T REQUEST
*** Per Board Policy 03.125 an	nd 03.225: "Out-of	्रः, I रि -District Travel Re	imbursements MUS			ty (30) days of th	ne travel return date.***
	CALEBOOK STATE OF THE PARTY OF	es. In			itted within thir Other Expe	ty (30) days of th	
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of Charge @	्रः, I रि -District Travel Re	imbursements MUS	T be subm	itted within thir Other Expe	ty (30) days of th	ne travel return date.***
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Date # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County that generate a county is charges qualifying for reimburs	charge @ \$.46  Schools in the capement from the Sement from th	Lodging  ded in the above spacity of official bisimpson County Bo	Meals  Meals  tatement were incurusiness; that they apard of Education; a	Amou	Other Expe	ty (30) days of the nses explanation with th	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County	charge @ \$.46  Schools in the capement from the Sement from th	Lodging  ded in the above spacity of official bisimpson County Bo	Meals  Meals  tatement were incurusiness; that they apard of Education; a	Amou	other Expe	ty (30) days of the nses explanation with th	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs data furnished here within is true.	charge @ \$.46  Schools in the capement from the Sement from th	Lodging  ded in the above spacity of official bisimpson County Bo	Meals  Meals  tatement were incurrences; that they appared of Education; a wledge.	Amou	Reimb	ty (30) days of the nses explanation with th	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that a employee of Simpson County that generate a county is charges qualifying for reimburs	charge @ \$.46  Schools in the capement from the Sement from th	Lodging  ded in the above spacity of official bisimpson County Bo	Meals  Meals  tatement were incurusiness; that they apard of Education; a	Amou	Other Expe	ty (30) days of the nses explanation with th	Total

Employee Name Wanda EVERSMa	M Date Submitted 4   Le   >4	
School/Work Site Franklin & Lincol	n Etem	
Name of Meeting/Conference ASAP		
Date(s) of Meeting/Conference 4125124	Departure Time 11am Return Time 130ρm	
Place of Meeting/Conference Loan Cour	t contract the contract to the	
Rationale for Attendance Quarterly Me	Cting  C KETS Other (MUST Specify) FRC	
Expenses paid by:	□ KETS □ Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals  See policy on back* \$	Mileage Airfare Substitute Other Total Est. Expen 0.46 per mile \$100 per day	ses
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds	,
Approved Not Approved	4/10/2	4
Reason	Superintendent Signature Date	е
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUES	T
*** Per Board Policy 03 125 and 03 225: "Out-of-District Trave	Reimbursements MUST be submitted within thirty (30) days of the travel return dat	e.***
Charge @	Reimbursements MUST be submitted within thirty (30) days of the travel return date  Other Expenses	e.***
		e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Meals  Total	e.***
Date # Miles Charge @ Lodging	Other Expenses  Amount Explanation  Total	e.***
Date # Miles Charge @ Lodging \$.46  Affidavit: I hereby certify that all expenses included in the above	Meals Amount Explanation  Total  Amount Explanation  Total  Reimbursement Due	e.***
Date # Miles Charge @ Lodging	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due al business; that they are proper y Board of Education; and that all	e.***
Date # Miles \$.46 Lodging \$.46  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of officicharges qualifying for reimbursement from the Simpson County	Meals  Amount  Explanation  Total  Amount  Explanation  Reimbursement Due  al business; that they are proper  Board of Education; and that all	e.***
Affidavit: I hereby certify that all expenses included in the abovemployee of Simpson County Schools in the capacity of officient charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my	Meals Amount Explanation Total  We statement were incurred by an all business; that they are proper y Board of Education; and that all knowledge.  Central Office Use:	e.***

Submit this section upon returning. Include any onginal required receipts and signatures.  Submit this section upon returning. Include any onginal required receipts and signatures.  Description of the required receipts and signatures.  TRAVEL EXPENSE REIMBURSEMENT REQUEST Potent Face of the repenses of the required within thirty (30) days of the travel return date.***  Other Face of Meeting/Conference	Employee Name LUCINGA EVERSMO	Date Submitted 4	110/74
Name of Meeting/Conference		calm From FRC	,112,77
Date(s) of Meeting/Conference		\ <del></del>	
Place of Meeting/Conference	A CONTRACTOR OF THE CONTRACTOR	()	Neturn Time 2000
Rationale for Attendance			'
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)  Registration Lodging Meals See policy on back* Mileage St. So. 46 per mile St. Expenses St. See policy on back* So. 46 per mile St. Expenses St. St. Specify St.			
Registration Lodging Meals See policy on back* So. 46 per mile S100 per day  Principal Signature:  Prior Superintendent Approval:  Approved Not Approved  Reason 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. ***  Other Expenses  Total	Rationale for Attendance Control of the Control of	Ed TIVETS TOther (MIIST Specify)	700
Registration Lodging Meals See policy on back* So. 46 per mile Substitute S100 per day  Principal Signature:  Prior Superintendent Approval:  Approved Not Approved  Reason 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.***  Other Expenses  Total		Eu Breis Bother (Wost Specify)	
Principal Signature:  Superintendent Approval:  Principal Signature:  Principal Signature:  Principal Signature:  Superintendent Approval:  Superintendent Signature  Superintendent Signature  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.***  Charge   Charge  Indeing Meals  Total		Mileago Airfare Substitute	Other Total Est Expenses
Approved Not Approved  Reason Superintendent Signature  Submit this section upon returning. Include any 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.***  Charge @ Lodging Meals  Total	neglion and		
Approved Not Approved  Reason Superintendent Signature  Submit this section upon returning. Include any 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.***  Other Expenses  Total	11 1		1111
Approved Not Approved  Reason Superintendent Signature Date  Submit this section upon returning. Include any 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 @ Lodging Meals Total			JIM
Submit this section upon returning. Include any 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.***  Charge @   Lodging   Meals   Other Expenses   Total		A SI - Requi	red if Expenses are Paid by Grant Funds
Submit this section upon returning. Include any 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.***  Charge @   Lodging   Meals   Total		J8M	4/18/24
*** 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.***  Charge @   Lodging   Meals   Total	Reason	Superintendent Signature	Date
*** 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.***  Charge @   Lodging   Meals   Total	Submit this section upon returning. Include any	TO A VEL EVOENCE DELAGE	LUDGENAENT DECLIECT
Other Expenses  Total		I RAVEL EXPENSE REIME	HIKSENJENI KELJIJESI
Date # Miles Total	The state of the s		
	*** 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.***
	*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod	Travel Reimbursements MUST be submitted within Other E	thirty (30) days of the travel return date.*** xpenses Total
	*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod	Travel Reimbursements MUST be submitted within Other E	thirty (30) days of the travel return date.*** xpenses Total
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	*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod	Travel Reimbursements MUST be submitted within Other E	thirty (30) days of the travel return date.*** xpenses Total
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	*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod	Travel Reimbursements MUST be submitted within Other E	thirty (30) days of the travel return date.*** xpenses Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an Reimbursement Due	*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Lod	Travel Reimbursements MUST be submitted within Other E	thirty (30) days of the travel return date.*** xpenses Total
employee of Simpson County Schools in the capacity of official business; that they are proper	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46 Lod	Travel Reimbursements MUST be submitted within Other E Amount	thirty (30) days of the travel return date.***  xpenses Explanation  Total
data furnished here within is true and correct to the best of my knowledge.  Central Office Use:	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  \$.46  Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	Travel Reimbursements MUST be submitted within  Other E  Amount  e above statement were incurred by an official business; that they are proper	thirty (30) days of the travel return date.***  xpenses Explanation  Total
	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  \$.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 County.	Travel Reimbursements MUST be submitted within Other E Amount  e above statement were incurred by an official business; that they are proper County Board of Education; and that all	thirty (30) days of the travel return date.***  xpenses Explanation  Total  mbursement Due
Language Lithonopa. Allings	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  \$.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 County.	Travel Reimbursements MUST be submitted within Other E Amount  e above statement were incurred by an official business; that they are proper County Board of Education; and that all	thirty (30) days of the travel return date.***  xpenses Explanation  Total  mbursement Due
Finalovee Signature  Date  Coding	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  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 Codata furnished here within is true and correct to the best of the complex of the control of the contro	Travel Reimbursements MUST be submitted within  Other E  Amount  Rei  above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge.  Centra	xpenses Explanation  Total  mbursement Due  Office Use:
Employee Signature  Date  Coding	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  \$.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 County.	Travel Reimbursements MUST be submitted within  Other E  Amount  Rei  above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge.  Centra	xpenses Explanation  Total  mbursement Due  Office Use:
Employee Signature Date Coding	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  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 Codata furnished here within is true and correct to the best of the complex of the control of the contro	Travel Reimbursements MUST be submitted within  Other E  Amount  Rei  above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge.  Centra	xpenses Explanation  Total  mbursement Due  Office Use:
Employee Signature Date  1/14/24  Coding	*** Per Board Policy 03.125 and 03.225: "Out-of-District"  Date # Miles Charge @ \$.46  Lod  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 Codata furnished here within is true and correct to the best of the complex of the control of the contro	Travel Reimbursements MUST be submitted within  Other E  Amount  Rei  above statement were incurred by an official business; that they are proper County Board of Education; and that all of my knowledge.  Centra	xpenses Explanation  Total  mbursement Due  Office Use:

Employee Name Lucinda EVERSMall	Date Submitt	ed 410124	
School/Work Site Franklin & Lincoln	tlem FRC		
Name of Meeting/Conference ALS Regional	-3		
Date(s) of Meeting/Conference 418 34	Departure Time	e 12 noon Return Tin	ne <u>230pm</u>
Place of Meeting/Conference Allon Co. Coope	ratur Ext. Obje	e	
Rationale for Attendance Quartiny Carry			
Expenses paid by:	KETS DOther (MUST Sp	ecify) RC	
Estimated Expenses:			
	leage Airfare per mile	Substitute Other \$100 per day	Total Est. Expenses
Principal Signature:	Grant/Admin:	Required if Expenses are Pa	id by Grant Funds
Approved Not Approved	- NW		418/24
ReasonSup	perintendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	AVEL EXPENSE	REIMBURSEMEN <sup>*</sup>	T REQUEST
*** Por Board Policy 02 125 and 03 225: "Out-of-District Travel Re	imbursements MUST he submi	tted within thirty (30) days of the	e travel return date ***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re		tted within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re  Date # Miles Charge @ Lodging \$.46	Meals Amou	Other Expenses	e travel return date.*** Total
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging	Meals	Other Expenses	
Date # Miles Charge @ Lodging \$,46  Lodging	Meals	Other Expenses	Total
Date # Miles Charge @ Lodging \$,46  Lodging  Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official by	Meals Amou	Other Expenses int Explanation	Total
Date # Miles Charge @ Lodging \$,46  Lodging  Affidavit: I hereby certify that all expenses included in the above s	Meals Amou	Other Expenses int Explanation	Total
Date # Miles Charge @ Lodging  \$,46  Lodging  Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official becharges qualifying for reimbursement from the Simpson County Bo	Meals Amou	Other Expenses Int Explanation  Reimbursement Due	Total
Date # Miles Charge @ Lodging  \$,46  Lodging  Affidavit: I hereby certify that all expenses included in the above semployee of Simpson County Schools in the capacity of official becharges qualifying for reimbursement from the Simpson County Bo	Meals Amou	Other Expenses Int Explanation  Reimbursement Due	Total
Affidavit: I hereby certify that all expenses included in the above s employee of Simpson County Schools in the capacity of official b charges qualifying for reimbursement from the Simpson County Bodata furnished here within is true and correct to the best of my knowledge.	tatement were incurred by an ousiness; that they are proper pard of Education; and that all wledge.	Reimbursement Due  Central Office Use:	Total

Employee Name Robin Hallingua		24
Name of Meeting/Conference 70 Facus 1  Date(s) of Meeting/Conference 5-10-2	Departure Time 6:00 m Re	turn Time 6:00 pm
Estimated Expenses:		
Registration Lodging Meals See policy on back*  99.00 4000	S0.46 per mile \$100 per day  Grant/Admin:	Total Est. Expenses  500.00  See are Paid by Grant Funds
Prior Superintendent Approval:  Approved Not Approved  Reason	Superintendent Signature	4/20/20-
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSE	MENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30) of Other Expenses  Meals Amount Explana	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Other Expenses	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Other Expenses	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	Meals Amount Explana  Amount Explana  bove statement were incurred by an ficial business; that they are proper anty Board of Education; and that all	tion Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225: "Out-of-District Translation of the Personal Policy O3.125 and 03.225 and 03.2	Meals Amount Explana  Amount Explana  bove statement were incurred by an ficial business; that they are proper anty Board of Education; and that all	tion Total

Employee Name LOVI HONShell	Date Subm	nitted 4-22.24	
School/Work Site 665 FCC			
Name of Meeting/Conference Region a	1 Meeting		
Date(s) of Meeting/Conference 4. 29 - 24	Departure Ti	me <u>8.31</u> Return Tim	e 3:00
Place of Meeting/Conference Cross Omd	Church B	<i>b</i> <sub>1</sub>	
Rationale for Attendance Training		10	
Expenses paid by: SBDM PD Spec Ed	☐ KETS ☐ Other (MUST:	Specify) <u>SCA PRC</u>	
Estimated Expenses:			
Principal Signature:	Mileage Airfare 0.46 per mile  Grant/Admin:	\$100 per day	otal Est. Expenses
Prior Superintendent Approval:	Adl	Nequired if Experises are Fall	
Approved Not Approved  Reason	Superintendent Signature		Date
Submit this section upon returning. Include any	EDALIEL EVBENCE	PELABUBCELAENT	DEGLIEST
original required receipts and signatures.		E REIMBURSEMENT	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub		travel return date.***
original required receipts and signatures.	el Reimbursements MUST be sub	omitted within thirty (30) days of the	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave	el Reimbursements MUST be sub	omitted within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.46  Lodging  Affidavit: I hereby certify that all expenses included in the abo	Meals Am	Other Expenses nount Explanation  Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ Lodging \$.46  Lodging	Meals  Meals  Am  Am  Ve statement were incurred by a lial business; that they are property Board of Education; and that	Other Expenses nount Explanation  Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trave  Date # Miles Charge @ \$.46 Lodging  Affidavit: I hereby certify that all expenses included in the abo employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson County	Meals  Meals  Am  Am  Ve statement were incurred by a lial business; that they are property Board of Education; and that	Other Expenses nount Explanation  Reimbursement Due	travel return date.***

Employee Name LDU Honbhe	UDate Submitted 4.02.04
School/Work Site 366 FRC	
Name of Meeting/Conference H5HP	
Date(s) of Meeting/Conference 4-25-	Departure Time 1:00 Return Time 1:30
Place of Meeting/Conference	County Public Library
Rationale for Attendance	12-17-19
Expenses paid by:	Ed Sters Nother (MUST Specify) 363 PCC
Estimated Expenses:	
Registration Lodging Meals See policy on back*  Principal Signature:  Prior Superintendent Approval:	Mileage Substitute Other Total Est. Expenses \$0.46 per mile  Grant/Admin:  Bequired if Expenses are Paid by Grant Funds
Approved Not Approved	1/23/24
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.***  Other Expenses Amount Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District  Date # Miles Charge @ Log	Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Iging Meals Amount Explanation  Total  Personal Amount Explanation  Reimbursement Due official business; that they are proper County Board of Education; and that all

Employee Name Samuel Kits	Date Submitted 4/29/24
School/Work Site FSHS	
<i>V</i> -	TURN CENTER FOR SATE SCHOOLS
Date(s) of Meeting/Conference	NE 11 + JUNE 12. (9:00-5:00) Departure Time 490 PM (34 Return Time 1:00 PM
Place of Meeting/Conference 66	AT CLOSSIVE HIGH SCHOOL GEORGETOWN, KY
Rationale for Attendance PolE	LA, SCHOOL SAFETY
Expenses paid by: SBDM DP	D Spec Ed KETS Other (MUST Specify) HUB
Estimated Expenses:	
Registration Lodging	Meals Mileage Airfare Substitute Other Total Est Expense 5100 per day.
6 327.80	80 - 388x0.46= 0 0 5 \$586.28
Principal Signature:	Grant/Admin:
Prior Superintendent Approval	Required if Expenses are Paid by Grant Funds
Reason	Superintendent Signature Date
Submit this section upon returning. I original required receipts and sign	TRAVEL EXPENSE REIMBURSEMENT REQUEST
original required receipts and sign	
*** 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.
Per Board Policy 03.125 and 03.225: Charge ( Date # Miles \$.46	Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*
Per Board Policy 03.125 and 03.225; *Charge (	Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Total
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Per Board Policy 03.125 and 03.225; *Charge (	Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Total
Date # Miles Charge 6 \$.46	Other Expenses Lodging Meals Amount Explanation  Total  Included in the above statement were incurred by an  Other Expenses Amount Explanation  Reimbursement Due
Date # Miles Charge 6 \$.46  Date # Miles S.46  Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	Other Expenses Lodging Meals Amount Explanation  Total  included in the above statement were incurred by an the capacity of official business; that they are proper the Simpson County Board of Education; and that all
Date # Miles Charge 6 \$.46  Date # Miles \$.46  Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the service of the servic	Other Expenses Lodging Meals Amount Explanation  Total  included in the above statement were incurred by an the capacity of official business; that they are proper the Simpson County Board of Education; and that all
Date # Miles Charge (\$ \$.46)  Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and correspondent.	Dut-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Amount Explanation  Total  Included in the above statement were incurred by an the capacity of official business; that they are proper in the Simpson County Board of Education; and that all ect to the best of my knowledge.  Reimbursement Due  Central Office Use:
Date # Miles Charge 6 \$.46  Date # Miles S.46  Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	Dut-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Lodging Meals Amount Explanation  Total  Amount Explanation  Included in the above statement were incurred by an the capacity of official business; that they are proper to the Simpson County Board of Education; and that all ext to the best of my knowledge.  Central Office Use: