

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 Natahe McCutchen 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
225	309	100		X	X	X	

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

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 Mullen McElroy Date Submitted 4.12.24
 School/Work Site C.O.
 Name of Meeting/Conference Leadership Challenge April 25-26
 Date(s) of Meeting/Conference Apr. 25-26 Departure Time _____ Return Time _____
 Place of Meeting/Conference Frankfort KASA
 Rationale for Attendance Leadership Training
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Scholarship by KASA for Travel and Registration

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>\$1100</u> <i>Scholarship</i>	<u>2 days</u> <u>#480</u>		<u>320</u>	<u>N/A</u>	<u>N/A</u>		

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 4/15/24

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	
<u>4.24.24</u>	<u>165</u>	<u>75.90</u>					
<u>4.25.24</u>	<u>150</u>	<u>69.00</u>					

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Reimbursement Due

[Signature] 4.12.24
 Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 2/28/2024

School/Work Site RTC

Name of Meeting/Conference Ashland RTC Conference

Date(s) of Meeting/Conference 7-18-20/24 (7-19-24 change) Departure Time 8:00 Return Time 6:00

Place of Meeting/Conference Ashland Conference

Rationale for Attendance present @ conference

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

Estimated Expenses:

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

Principal Signature: _____ Grant/Admin: _____

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

Approved Not Approved... J. Shel 2/28/24
Reason _____ Superintendent 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	

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

Central Office Use:

Coding

CFO Approval

Employee Signature April McNaughton Date _____
Supervisor Signature _____ Date _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 2/28/2024
 School/Work Site RTC
 Name of Meeting/Conference KYCCBD ^{change} (7/14-16/24)
 Date(s) of Meeting/Conference 7/13-18/2024 Departure Time 3:00 Return Time 6:00
 Place of Meeting/Conference Hyatt Regency Lexington
 Rationale for Attendance Behavior Institute
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back</small>	Mileage <small>50.4¢ per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
300.00	834.00	200.00	—	—	—	250.00	1584.00

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

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

[Signature]
 Employee Signature _____ Date _____

Central Office Use:

Coding _____

Supervisor Signature _____ Date _____

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 Michele McPherson Date Submitted 4/19/24
 School/Work Site FSHS
 Name of Meeting/Conference NTI Summer Conference
 Date(s) of Meeting/Conference 07/08/24 - 07/11/24 Departure Time 5:30 AM (7/8) Return Time 7pm (7/11)
 Place of Meeting/Conference Galt House Hotel Louisville, KY
 Rationale for Attendance Mandatory New Teacher Conference
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) LOCAL

Estimated Expenses: 291.2

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>\$500</u>	<u>\$160</u>	<u>\$133.95</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>\$793.95</u>

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

Submit this section upon returning. Include any original required receipts and signatures. **TRAVEL EXPENSE REIMBURSEMENT REQUEST**

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

 Coding

 CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Michelle McPherson Date Submitted 04/19/14

School/Work Site FSHS

Name of Meeting/Conference NTI Conference

Date(s) of Meeting/Conference 04/06/14 - 04/07/14 Departure Time 3pm (6/5) Return Time 8pm (6/7)

Place of Meeting/Conference Arvin Education Center La Grange, KY

Rationale for Attendance Mandatory

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

Estimated Expenses: 327.2

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
<input checked="" type="checkbox"/>	<u>\$275</u>	<u>\$80</u>	<u>\$150.51</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>\$505.51</u>

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

Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature _____ Date _____

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 2/28/2024
 School/Work Site RTC
 Name of Meeting/Conference Ashland Conference
 Date(s) of Meeting/Conference 7/18-20/2024 ^{7/19-20/24} ~~7/18-20/2024~~ ^{change} Departure Time 8:00 Return Time 6:00
 Place of Meeting/Conference Ashland^{PA} Conference
 Rationale for Attendance present @ conference
 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
		100.00					100.00

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

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

[Signature] _____
 Employee Signature Date
[Signature] _____
 Supervisor Signature Date

Central Office Use:

 Coding

 CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 2/28/2024
 School/Work Site RTC
 Name of Meeting/Conference KYCCBD *change (7/14-16/24)*
 Date(s) of Meeting/Conference 7/13-18/2024 Departure Time 3:00 Return Time 6:00
 Place of Meeting/Conference Hyatt Regency, Lexington
 Rationale for Attendance Behavior Institute
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <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	834. ⁰⁰	200.00	—	—	—		1334.00

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature [Signature] Date _____
 Supervisor Signature [Signature] Date _____

Reimbursement Due _____
 Central Office Use: _____
 Coding _____
 CFO Approval _____

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 Lindsay Murray Date Submitted 5/3/24

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 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
\$595		\$155		\$400			\$1150

Principal Signature: *Lindsay Murray* Grant/Admin: _____

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

Approved Not Approved...

Reason _____

J. Spill
Superintendent Signature

5/7/24
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	

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 Jamie Neal 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 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) TQ

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

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

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 Sam Northern Date Submitted 4/15/2024
 School/Work Site SES
 Name of Meeting/Conference GRRE Marzano Deeper Learning
 Date(s) of Meeting/Conference 4/16/2024 Departure Time 7:30 am Return Time 4:15 pm
 Place of Meeting/Conference Cave City Convention Center
 Rationale for Attendance Marzano Best Practices for Shared School vision
 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
—	—	—	68 miles: + 31.28	—			<u>31.28</u>

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

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
4/16/24	68	31.28	—	—	—	—	\$31.28
Reimbursement Due							<u>31.28</u>

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature [Signature] Date 4/15/2024
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Bethanne Pardue Date Submitted 04/26/24
 School/Work Site Simpson Ele.
 Name of Meeting/Conference KY SHAPE
 Date(s) of Meeting/Conference July 8 + 9 Departure Time 6 AM Return Time 6 PM
 Place of Meeting/Conference Louisville, KY
 Rationale for Attendance PD for PE + Health
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) EE 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
Free	NA	\$80	\$113.16	NA	NA	Parking \$60	\$253.16

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 5/7/24

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

[Signature] 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 Abigail Phillips Date Submitted 4/8/2024
 School/Work Site FSHS
 Name of Meeting/Conference WKU Field Day
 Date(s) of Meeting/Conference 4/16/24 Departure Time 8 AM Return Time 3 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 JSH Date 4/12/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lacey K. Phillips Date Submitted 4/22/24
 School/Work Site FSHSYSC
 Name of Meeting/Conference Region 2 FRYSC Meeting
 Date(s) of Meeting/Conference 4/23/24 Departure Time 8am Return Time 3pm
 Place of Meeting/Conference Bowling Green, Ky Crossland Community Church
 Rationale for Attendance Region 2 FRYSC Meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 1402104-0580-08K

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
			23.92				

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lacey K. Phillips Date Submitted 4/22/24
 School/Work Site FSHS Y8C
 Name of Meeting/Conference KY ASAP Meeting
 Date(s) of Meeting/Conference 4/25/24 Departure Time 10am Return Time 2:30pm
 Place of Meeting/Conference Logan County
 Rationale for Attendance Ky ASAP Meeting
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) 0402104-0580-128K

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
			2024				

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____
 Superintendent Signature: [Signature] Date: 4/23/24

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.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 Josh Tucker Date Submitted 4/30/24
 School/Work Site Simpson Elementary
 Name of Meeting/Conference Jostens Renaissance Global Conference
 Date(s) of Meeting/Conference July 15-18 Departure Time July 15 am Return Time July 18 pm
 Place of Meeting/Conference Hilton Orlando / Orlando, FL
 Rationale for Attendance School climate/culture, District Initiative
 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
595 ⁰⁰	600 ⁰⁰	155 ⁰⁰		400 ⁰⁰			\$1,750 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 5/7/24

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 Beth Wright Date Submitted 5/2/24

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 PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

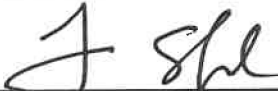
Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$595	\$597	\$155	\$92	\$400		\$40	\$1879

Principal Signature:  Grant/Admin: _____

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

Approved Not Approved...

Reason _____

 5/7/24
Date
Superintendent Signature

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
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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