Employee Na	ame <u>Na</u>	Jane In	utteren	Dat	e Submitte	ed	8/2024	
School/Work	SiteL	£5	Cutchen 2013 Baha					
Name of Me	eting/Confere	ence Ky-C	CBD Beha	uur Irshi	tute	2024	Back to Bas	sics
Date(s) of M	eeting/Confe	rence	ly 14-16	Depar	ture Time	Ba	Back & Bas M_Return Tim	1e 77m
Place of Mee	eting/Confere	nce <u>lex</u>	ernoton Ki	1				
Rationale for	Attendance	PBIS 1	Committee	fraining	}			
Expenses pai		BDM 🗆 PD	☐ Spec Ed ☐ K	ETS 👿 Other	MUST Spe	cify) TB		
Estimated Ex	penses:							
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Principal Sign	nature:			Grant/	Admin:	Mili	~ Smit	<b>-</b>
. •	tendent App			/	_/	Requi	red if Expenses are Pai	d by Grant Funds
_V Approv	ed No	t Approved		1	SU	_		4/24/24
Reason			Supe	erintendent Sign	nature			Date
the state of the s		100 00F #0 +	of District Present Date	L A A I I C	the second second	حدث والمؤدرة المراج	41-1-4- (20) dame af 41-	
Per Board  Date	# Miles	Charge @	Lodging	Meals		Other E	Expenses	travel return date.***  Total
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Date  Affidavit: I here	# Miles	Charge @ \$.46	Lodging	Meals	Amou	Other E	Expenses	
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Employee Name Trule MSCA	
School/Work Site C.O.	0/1/-
Name of Meeting/Conference Luder 8hyp	Charlinge apper 25-66
Date(s) of Meeting/Conference Opm. 25-26	Departure TimeReturn Time
Place of Meeting/Conference FRank Fo	Charlenge appil 25-26  Departure TimeReturn Time  Return Time
Rationale for Attendance Wader 82	KETS Other (MUST Specify) Shi vanshi infrequestration
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Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:  Approved Not Approved	All Miles
	perintendent Signature Date
54	Serimentalité signature
Submit this section upon returning. Include any	ALIEL EVBELICE DEILABI IDCELAELIT DECLIECT
	RAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	eimbursements MUST be submitted within thirty (30) days of the travel return date.*  Other Expenses
	eimbursements MUST be submitted within thirty (30) days of the travel return date.*
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red  Date # Miles Charge @ Lodging \$.46	eimbursements 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 Travel Red  Date # Miles Charge @ Lodging \$.46	eimbursements 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: "Out-of-District Travel Red  Date # Miles Charge @ \$.46  Lodging \$.46  4.24.24 /65 75.90  4.25.24 /50 69.00  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	Other Expenses Meals Amount Explanation Total  Statement were incurred by an business; that they are proper
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red  Date # Miles Charge @ Lodging  4, 24.24 /65 75.90  4.25.24 /50 69.00  Affidavit: I hereby certify that all expenses included in the above	Other Expenses Meals Amount Explanation  Total  Statement were incurred by an business; that they are proper loard of Education; and that all owledge.  Central Office Use:
Date # Miles Charge & Lodging \$.46  Lodging \$.46  Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualitying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of my known and the street of the post of the po	Other Expenses Amount Explanation  Total  Statement were incurred by an business; that they are proper loard of Education; and that all owledge.  A. 12. 24  Other Expenses Explanation  Reimbursement Due  Central Office Use:
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Name of Meeting/Conference	hland RTC	Confere		1:00
Date(s) of Meeting/Conference	8-20/24(7-190	eparture time ) &	:00 Return Tim	ne
Place of Meeting/Conference	Shland Copter		1.0	
Rationale for Attendance	present @	conterenc	:E	
Expenses paid by:	Spec Ed KETS Ot	her (MUST Specify) _		
Estimated Expenses:			Dahan	Total Est. Expenses
Registration Lodging Mea	in bank 59.46 per mile	Airfare Substit	day	200.00
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Principal Signature: Prior Superintendent Approval:	Gra	int/Admin:Rec	quired if Expenses are Paid	by Grant Funds
Approved Not Approved	Superintendent	Signature		Date
Reason	July 1			
	TDAVEL EX	(PENSE REIM	BURSEMENT	REQUEST
He was to the state of the stat	I NAVEL LA	MUST be submitted with	nin thirty (30) days of the	travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-L	District Travel Reimbursements	MUST be submitted with Othe	in thirty (30) days of the t r Expenses	travel return date.*** Total
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0 1 1	Ja Na wala kao	Date Submitted	2/28/20:	24
Employee Name Hori		Date Submitted _	10 100	
School to an	KYCCBD	(7/14-16/24)		
Name of Meeting/Conference _	7/ - 8/ - 31	Departure Time	Return Time	e_6:00
Date(s) of Meeting/Conference	11 att Rec	/)	xinoton	
Place of Meeting/Conference	Hyari 9xe	10 12 4	. /	
Rationale for Attendance	Behavior			
Expenses paid by: SBDM	□ PD □ Spec Ed □ KE1S	Other (MUST Specify)		
Estimated Expenses:		Airfare Subst	itute Other T	otal Est. Expenses
Registration Lodging	Mileage Secondary on back 58 46 per mi	C100 =	er day	
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Principal Signature:		Grant/Admin:	equired if Expenses are Paid	hu Cenat Funds
Prior Superintendent Approval:		1-80 R	equired if Expenses are Palo	0 /20/20
Approved Not Appro	oved	JAW		28 ate
Reason	Superint	endent Signature		vote
The second secon			ABLIBOOKS AFAIT	DECLIECT
*** Per Board Policy 03.125 and 03.22	TRAV 5: "Out-of-District Travel Reimbur	EL EXPENSE REIN sements MUST be submitted wi	thin thirty (30) days of the t	rave! return date.***
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Employee Name Michele M	Chesco Date	Submitted 4/19/04
Name of Meeting/Conference  Date(s) of Meeting/Conference  Place of Meeting/Conference  Rationale for Attendance	Bby-07/11/24 Depart	Louisville, K9  Conference
Registration Lodging Me See policy  Principal Signature:  Prior Superintendent Approval.  Approved Not Approved		\$100 per day <b>8 9 1793.95</b>
Submit this section upon returning. Include		ENSE REIMBURSEMENT REQUEST To be submitted within thirty (30) days of the travel return date.***
Date # Miles \$.46	Lodging Meals	Other Expenses Total Amount Explanation
Affidavit: I hereby certify that all expenses incluemployee of Simpson County Schools in the ca	ided in the above statement were incurrently of official business: that they	arred by an are proper
charges qualifying for reimbursement from the data furnished here within is true and correct to	Simpson County Board of Education; a the best of my knowledge.	Coding
Employee Signature	Date	Coung

Employee Name Michelle McPherson	Date Submitted	O4119184	
School/Work Site F5H5			
NITT Professor		1.13	- (· 1 \
Date(s) of Meeting/Conference Ou 00124 - 64107124	_Departure Time 3	Return Tin	ne <u>8pm (6/7)</u>
Place of Meeting/Conference Arvin Education	Center La	Grange, KY	
Rationale for Attendance Mendatory		7 01	
Expenses paid by: SBDM PD Spec Ed KETS	Other (MUST Specify	LOCAL	
Estimated Expenses: 327.2			
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile		titute Other per day	Total Est. Expenses
80 \$150.51	ø ø	A	505.51
	1/1	- HI	1 1
	Grant/Admin:	Required if Expenses are Pa	id by Grant Funds
Prior Superintendent Approval:  V Approved Not Approved	$\epsilon l_{\Lambda} l$	on .	
	ent Signature		Date
oliginal required receipts and signatures.		MBURSEMEN'	
Andrew Strategies Strategies and Str			
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme			e travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursement  Date # Miles \$.46 Lodging Mea		within thirty (30) days of the Other Expenses Explanation	e travel return date.***  Total
Date # Miles Charge @ Lodging Mea	als	Other Expenses	
Date # Miles Charge @ Lodging Mea	als	Other Expenses	
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Date # Miles \$.46 Lodging Mes	vere incurred by an at they are proper cation; and that all	Explanation	Total
Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Edu	vere incurred by an at they are proper cation; and that all	Explanation  Explanation  Reimbursement Due	Total
Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Edu	vere incurred by an at they are proper cation; and that all	Explanation  Explanation  Reimbursement Due	Total
Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Edu data furnished here within is true and correct to the best of my knowledge.	vere incurred by an at they are proper cation; and that all	Reimbursement Due	Total

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Employee Name Lac	ixa Mil	ler We	lah Dat	e Submitted_	2 28	2034
School/Work Site	RTC					
Name of Meeting/Confe	erence A	shland	Conde	rence		
Date(s) of Meeting/Conf	ference 7//8	8-20/2024	7 Separ	ture time	8:00 Return T	ime <u>6:00</u>
Date(s) of Meeting/ dom		20 blond	et miler	nange		
Place of Meeting/Confe	rence	Summ	+ 60	order	1 11 00	
Rationale for Attendance	e	preser				
Expenses paid by:	SBDM PD	□ Spec Ed □ K	ETS LA Other	MOS Specify)	-	
Estimated Expenses:		3120		are Subst	itute Other	Total Est, Expenses
Registration Lode	ging Me See notice	Address of the Control of the Contro	eage Airfa ermile	are 50050 \$100 p		
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	100	100060				
Principal Signature:	MILL	MALLA	Grant/	Admin:	tequired if Expenses are P	aid by Grant Funds
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ApprovedN	lot Approved	Cupa	rintendent Sign	ature		Date
Reason		Supe	Hillendent Sign			
	THE RESERVE OF STREET				ADDIDCEMEN	T DEALECT
*** Per Board Policy 03.125	್ಯಾಬ್ ಕ್ರಾಪ್ ಕ್ರಾಪ್ ಕ್ರ and 03.225: "Out-of	TRA	AVEL EXPE	T be submitted w	MBURSEMEN  Ithin thirty (30) days of the	e travel return date.***
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Affidavit: I hereby certify that employee of Simpson County charges qualifying for relmbu data furnished here within is the same of the sa	charge @ \$.46	Lodging  Lodging  ed in the above stares acity of official businesson County Boal	tement were incursiness; that they ard of Education; ar	T be submitted with Amount  Amount  red by an re proper and that all	Reimbursement Due	Total
Date # Miles  Date # Miles  Affidavit: I hereby certify that employee of Simpson County	charge @ \$.46	Lodging  Lodging  ed in the above stares acity of official businesson County Boal	tement were incursiness; that they are of Education; are edge.	red by an re proper and that all	Reimbursement Due	Total

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Employee Name	11	IIM M	iller- Wel	5h Da	te Submitted	a 28 2	.024
Employee Name School/Work Sit	e <u> </u>	RTC	11101 1401	almen	0		
Name of Meetin	re	ence	KYCCBI	DIALWY	724)		
Name of Meetin Date(s) of Meeting	ng/Conten	rance 7/	13-18/200	Depa Depa	rture Time 3:	ククReturn Ti	ime 6:00
			11 11 1/	20040	Lexin	/	
Place of Meeting	g/Confere	nce/		egency	Institut		
Rationale for Att	tendance		- Ila	/		9	ÎĤ:
Expenses paid by	y: 🗆 S	BDM PD	□ Spec Ed □ I	(E12 Mother	(INIOS) Specify		
Estimated Expen	nses:			S. C.	are Substitu	te Other	Total Est. Expenses
Registration	Lodgi			eage Airf sarnile	\$100 per d		
300.00	834	vo 20	0.00 -				1334.00
300-	007	1150	Harron	Combi	A Junios		
Principal Signatu			( NACO	Grant/	1 Requ	uired if Expenses are Pa	aid by Grant Funds
Prior Superintend			Q		HOLL		2/28/20
Approved		t Approved	Sup	erintendent Sigr	nature		Date
Reason			50p.				
S Partition (Self-In- pro	MALL MANY	· 中国中国 (1)	TD.	AVEL EVDI	NICE REIM	BURSEMEN	T REQUEST
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o	Ka 	MVEL EAP I	T be submitted within	thirty (30) days of th	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	MVEL EAP I mbursements MUS (Vieals	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.*** Total
*** Per Board Polic	y <b>03.125 an</b> Wiles	d 03.225: "Out-o	f-District Travel Rei	mbursements MUS	T be submitted within	thirty (30) days of th	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
*** Per Board Polic	y 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
##* Per Board Polic  Date #	v 03.125 an	d 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	Mus (Meals	T be submitted within Other Amount	n thirty (30) days of th Expenses	e travel return date.***  Total
*** Per Board Polic	ertify that a	d 03.225: "Out-o Charge @ \$.46  Il expenses including the capeant from the S	Lodging  Lodging  ded in the above state pacity of official but simpson County Boa	Meals  Meals  Itement were incursiness; that they a	T be submitted within Other Amount  red by an re proper and that all	n thirty (30) days of th Expenses Explanation	e travel return date.***  Total
Affidavit: I hereby ceemployee of Simpsocharges qualifying for data furnished here to	ertify that a on County Sor reimburse within is tru	d 03.225: "Out-o Charge @ \$.46  Il expenses including the capeant from the S	Lodging  Lodging  ded in the above state pacity of official but simpson County Boa	Meals  Meals  Itement were incursiness; that they a	T be submitted within Other Amount  red by an re proper and that all	imbursement Due	e travel return date.***  Total
Date #	ertify that a on County Sor reimburse within is tru	d 03.225: "Out-o Charge @ \$.46  Il expenses including the capeant from the S	Lodging  Lodging  ded in the above state pacity of official but simpson County Boa	Meals  Meals  Itement were incursiness; that they are of Education; and ledge.	red by an re proper and that all	imbursement Due	e travel return date.***  Total

Employee Harrie	say Murray	Date S	Submitted5	/3/24	
School/Work Site Simps	son Elementary				
Name of Meeting/Conferen	ce _ Jostens Renaissar	ce Conference			
Date(s) of Meeting/Confere	ence July 15-18	Departu	re Time <u>6:00am</u>	Return Time	7:30pm
Place of Meeting/Conference	ce Hilton Orlando Orl	ando, Florida			
Rationale for Attendance					
Expenses paid by: SB	DM □ PD □ Spec i	d 🗆 KETS 🗖 Other (M	UST Specify)		
Estimated Expenses:					
Registration Lodging	Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substitute \$100 per day	Other To	otal Est. Expenses
\$595	\$155	\$400			\$1150
Principal Signature:	ulitel Ce	Grant/Ad		ed if Expenses are Paid	h. Court Sunda
Prior Superintendent Appro		1	//	ed if Expenses are Paid	J - los
Approved Not		Y	M		5 7 2 9
Reason		Superintendent Signat	ture		Date
original required receipt *** Per Board Policy 03.125 and	03.225: "Out-of-District T			hirty (30) days of the t	ravel return date.***
Date # Miles	\$.46 Lodg	ing Meals	Amount	Explanation	Total
			F		
Affidavity I haraby cortify that all	avnenses included in the	ahove statement were incurre	d by an Reir	nbursement Due	
Affidavit: I hereby certify that all employee of Simpson County So	chools in the capacity of	official business; that they are	proper	nbursement Due	
Affidavit: I hereby certify that all employee of Simpson County So charges qualifying for reimburse data furnished here within is true	chools in the capacity of ment from the Simpson C	official business; that they are ounty Board of Education; and	proper that all	nbursement Due	
employee of Simpson County So charges qualifying for reimburse	chools in the capacity of ment from the Simpson C	official business; that they are ounty Board of Education; and	proper that all	L	
employee of Simpson County So charges qualifying for reimburse	chools in the capacity of ment from the Simpson C	official business; that they are ounty Board of Education; and	proper that all	L	

Employee Name Jame Neal	Date Submitte	ed 4/8/2024
Cabaal/Mark Sita 15		
Name of Meeting/Conference KY - CCBD E	Behavior Institut	TE ZOZY BACK TO BASKS
Name of Meeting/Conference Ky - CCBD F  Date(s) of Meeting/Conference Language 14-16	Departure Time	<u>Gam</u> Return Time <u>7 pm</u>
Place of Meeting/Conference Lexengton Ky		
Rationale for Attendance PBIS Committee		75
Expenses paid by:	KETS 🗹 Other (MUST Spe	cify) 16
Estimated Expenses:		
Tregistration B. B.		Substitute Other Total Est. Expenses
Principal Signature:  Prior Superintendent Approval:  Approved Not Approved  Reason Sup	Grant/Admin: Derintendent Signature	Required if Expenses are Paid by Grant Funds
Original required receipts and signatures.	the other part and and an arrival	REIMBURSEMENT REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re  Date # Miles Charge @ Lodging  \$.46	imbursements MUST be submit	Other Expenses Total
Date # Miles Charge @ Lodging	Meals	Other Expenses Total
Date # Miles Charge @ Lodging	Meals	Other Expenses Total
Date # Miles Charge @ Lodging	Meals	Other Expenses Total
Date # Miles Charge @ Lodging \$.46  Lodging  Affidavit: I hereby certify that all expenses included in the above s	Meals Amount	Other Expenses Total
Date # Miles Charge @ Lodging \$.46  Lodging	Meals Amount tatement were incurred by an ousiness; that they are proper pard of Education; and that all	Other Expenses  Total  Total
Date # Miles Charge @ Lodging  \$.46  Lodging  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 Amount tatement were incurred by an ousiness; that they are proper pard of Education; and that all	Other Expenses Int Explanation  Reimbursement Due

Employee Name Sam Northe	Date Submitted 4/15/2024	
School/Work Site S 5 5		
Name of Meeting/Conference 6RRE	Marzano Deexer Carning	
Date(s) of Meeting/Conference 4//4/2	Departure Time 7:30 Return Ti	me <u>4:15 pm</u>
Place of Meeting/Conference Cave_		
Rationale for Attendance Marzano B	Sest Martices for Shaxed school visjon	
Expenses paid by: SBDM PD	Spec Ed □ KETS □ Other (MUST Specify) 7 IR	
Estimated Expenses:		
Registration Lodging Meals See policy on  Principal Signature:		Total Est. Expenses  3 / 28  aid by Grant Funds
Approved Not Approved  Reason	Superintendent Signature	Date
neason_	Superintendent Signature	
Submit this section upon returning. Include original required receipts and signatures.		T REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-D	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	e travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th Other Expenses	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-D	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Policy On Date # Miles Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Policy On Date # Miles Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Charge @ \$.46	istrict Travel Reimbursements MUST be submitted within thirty (30) days of th  Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-Diagonal Policy Of Date # Miles Charge @ \$.46  4 / / / / / / / / / / / / / / / / / /	Lodging Meals Other Expenses Amount Explanation  d in the above statement were incurred by an  Other Expenses Amount Explanation  Reimbursement Due	F 31.28
Date # Miles Charge © \$.46  4/16/24 GB 31.28  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacharges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	Amount Explanation  Meals Amount Explanation  d in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all	F 31.28
Pate # Miles Charge @ \$.46  4 / / Lo/2 4 Co S 3/. 2 S  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacitarges qualifying for reimbursement from the Sim	Dother Expenses  Lodging Meals Amount Explanation  d in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all elbest of my knowledge.  Reimbursement Due  Central Office Use:	F 31.28
Date # Miles Charge © \$.46  4 / 16/24 G B 31.28  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacharges qualifying for reimbursement from the Sim data furnished here within is true and correct to the	Amount Explanation  Meals Amount Explanation  d in the above statement were incurred by an city of official business; that they are proper apson County Board of Education; and that all	F 31.28

Employee Name Bethanne	Pardue	Date Submitted	04 2le	24
School/Work Site Simpson			526 157	
Name of Meeting/Conference K	YSHAPE			
Date(s) of Meeting/Conference	ly 8+9	_Departure Time(	e AM_Return	Time 6 PM
Place of Meeting/Conference	iisville, KY			
/	for PE + Hea			
Expenses paid by:   SBDM PE	O □ Spec Ed □ KETS □ C	Other (MUST Specify)	to IR	
Estimated Expenses:				
		Shl		n \$253.16
original required receipts and sign:  *** Per Board Policy 03.125 and 03.225: "O  Date # Miles Charge @ \$.46	ut-of-District Travel Reimburseme	Ot		
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimburseme	nts MUST be submitted w	rithin thirty (30) days o	of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimburseme	nts MUST be submitted w	rithin thirty (30) days o	of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimburseme	nts MUST be submitted w	rithin thirty (30) days o	of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimburseme	nts MUST be submitted w	rithin thirty (30) days o	of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimburseme	nts MUST be submitted w	rithin thirty (30) days o	of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimburseme	nts MUST be submitted w	rithin thirty (30) days o	of the travel return date.***
Part Per Board Policy 03.125 and 03.225: "O  Date # Miles Charge © \$.46  \$.46  Affidavit: I hereby certify that all expenses in the charges qualifying for reimbursement from the charges qualifying for reimb	Lodging Mea  Lodging Mea  ncluded in the above statement we capacity of official business; that the Simpson County Board of Education	ere incurred by an at they are proper cation; and that all	cher Expenses Explanation  Reimbursement	Total
Part Per Board Policy 03.125 and 03.225: "O  Date # Miles Charge © \$.46  Affidavit: I hereby certify that all expenses is employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and correct	Lodging Mea  Lodging Mea  ncluded in the above statement we capacity of official business; that the Simpson County Board of Education	ere incurred by an at they are proper cation; and that all	rithin thirty (30) days of ther Expenses Explanation	Total
Per Board Policy 03.125 and 03.225: "O  Date # Miles Charge © \$.46  Affidavit: I hereby certify that all expenses is employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and correct	Lodging Mea  Lodging Mea  ncluded in the above statement we capacity of official business; that the Simpson County Board of Education	ere incurred by an at they are proper cation; and that all	cher Expenses Explanation  Reimbursement	Total
Part Per Board Policy 03.125 and 03.225: "O  Date # Miles Charge © \$.46  \$.46  Affidavit: I hereby certify that all expenses in the charges qualifying for reimbursement from the charges qualifying for reimb	Lodging Mea  Lodging Mea  ncluded in the above statement we e capacity of official business; that the Simpson County Board of Education to the best of my knowledge.	ere incurred by an at they are proper cation; and that all	Reimbursement	Total

Employee Name Abi		llips	Date	e Submit	ted <u>4/8/2</u>	024	
School/Work Site F5	HS	FIGAL IN	0.11				
Name of Meeting/Confe	rence WFU	Held D	ay		0.444		2044
Date(s) of Meeting/Conf		The second secon	Depar	ture Tim	e <b>GAM</b>	Return Tim	ne <u>3PM</u>
Place of Meeting/Confer	rence WKU	EXPO	5-00 900 to 100 \$000				
Rationale for Attendance	<u>studer</u>	of Achie	memen	<u> </u>			
Expenses paid by:	SBDM □ PD	□ Spec Ed □ KI	ETS Other (	MUST Sp	ecify)		
Estimated Expenses:							
Registration Lodg	ging Me See policy		The second secon	ire	Substitute \$100 per day	Other	Total Est. Expenses
	See policy	DIT BACK \$0.40 p.			100		100
	11	5	Grant/A	\dmin.			
Principal Signature: Prior Superintendent Ap			Grandy		Required if E	xpenses are Pai	d by Grant Funds
Approved			1	11	ند		4/12/24
Reason		Supe	rintendent Sign	ature			Date
Submit this section upo	Problem in the same						
original required rec	eipts and signatur	es.					FREQUEST
	eipts and signatur and 03.225: "Out-of	es.				(30) days of the	travel return date.***
original required rec	eipts and signatur	es.			itted within thirty Other Expense	(30) days of the	
original required red *** Per Board Policy 03.125	eipts and signatur and 03.225: "Out-of Charge @	es. I FAF F-District Travel Rein	nbursements MUS	T be subm	itted within thirty Other Expense	( <b>30) days of the</b> es	travel return date.***
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original required red *** Per Board Policy 03.125	eipts and signatur and 03.225: "Out-of Charge @	es. I FAF F-District Travel Rein	nbursements MUS	T be subm	itted within thirty Other Expense	( <b>30) days of the</b> es	travel return date.***
original required red *** Per Board Policy 03.125	eipts and signatur and 03.225: "Out-of Charge @	es. I FAF F-District Travel Rein	nbursements MUS	T be subm	itted within thirty Other Expense	( <b>30) days of the</b> es	travel return date.***
original required rec  *** Per Board Policy 03.125  Date # Miles	eipts and signatur and 03.225: "Out-of Charge @ \$.46	es, -District Travel Rein Lodging	Meals	Amo	Other Expense unt Exp	( <b>30) days of the</b> es	travel return date.***
*** Per Board Policy 03.125  Date # Miles  Affidavit: I hereby certify the employee of Simpson Count	cipts and signatur and 03.225: "Out-of Charge @ \$.46  t all expenses include y Schools in the ca	Lodging  Lodging  ded in the above stapacity of official bus	Meals  Meals  tement were incursiness; that they a	Amo	Other Expense unt Exp  Reimbur	(30) days of the	travel return date.***
*** Per Board Policy 03.125  Date # Miles  Affidavit: I hereby certify tha	charge @ \$.46  Charge @ \$.46  t all expenses includy Schools in the causement from the Street and Street arsement from the Street are str	Lodging  Lodging  ded in the above stapacity of official busimpson County Boa	Meals  Meals  tement were incursiness; that they ard of Education; are	Amo	Other Expense unt Exp  Reimbur	(30) days of the	travel return date.***
Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbu data furnished here within is	charge @ \$.46  Charge @ \$.46  t all expenses includy Schools in the causement from the Street and Street arsement from the Street are str	Lodging  Lodging  ded in the above stapacity of official busimpson County Boa	tement were incursiness; that they ard of Education; and ledge.	Amo	Other Expense unt Exp  Reimbur  Central Offic	(30) days of the	travel return date.***
Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbu	charge @ \$.46  Charge @ \$.46  t all expenses includy Schools in the causement from the Street and Street arsement from the Street are str	Lodging  Lodging  ded in the above stapacity of official busimpson County Boa	Meals  Meals  tement were incursiness; that they ard of Education; are	Amo	Other Expense unt Exp  Reimbur	(30) days of the	travel return date.***
Affidavit: I hereby certify tha employee of Simpson Count charges qualifying for reimbu data furnished here within is	charge @ \$.46  Charge @ \$.46  t all expenses includy Schools in the causement from the Street and Street arsement from the Street are str	Lodging  Lodging  ded in the above stapacity of official busimpson County Boa	tement were incursiness; that they ard of Education; and ledge.	Amo	Other Expense unt Exp  Reimbur  Central Offic	(30) days of the	travel return date.***

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Employee Name Lacey K. Phil	lipSDate Submitted _	4/22/24
School/Work Site FSH3 YSC		
Name of Meeting/Conference Region		
Date(s) of Meeting/Conference 4/23/20	Departure Time	Sam Return Time 3pm
Place of Meeting/Conference Bauling	Green, Ky Cross bood a	Ammunity Church
Rationale for Attendance Region 2 F	RYSC Meeting	
Expenses paid by: SBDM PD Spe	ec Ed KETS Other (MUST Specify	1) <u>(402104-0580-08K</u>
Estimated Expenses:		
Registration Lodging Meals See policy on bac		stitute Other Total Est. Expenses
Principal Signature:	Grant/Admin:	All II
Prior Superintendent Approval:	100/	Required if Expenses are Paid by Grant Funds
ApprovedNot Approved	- All	4 (23/24
Reason	Superintendent Signature	Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46		within thirty (30) days of the travel return date.** Other Expenses  Total Explanation
		1.0
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpso data furnished here within is true and correct to the bes	of official business; that they are proper on County Board of Education; and that all	Reimbursement Due
Employee Signature	Date	oding
Supervisor Signature		

Employee Name 1000 K. Phil School/Work Site FSHS VSC	Date Submitted 4/22/24
Name of Meeting/Conference Ky A	SAPMeeting
Date(s) of Meeting/Conference 4/25/2	(/ 12
	aunter
)	
Rationale for Attendance Ky ASAP	Meeting
	ec Ed
Estimated Expenses:	
Registration Lodging Meals See policy on back	Mileage Airfare Substitute Other Total Est. Expense \$100 per day  20 24
Principal Signature:  Prior Superintendent Approval:	Grant/Admin:  Required if Expenses are Paid by Grant Funds
ApprovedNotApproved	4/23/24
Reason	Superintendent Signature Date
or ginal reguland recolpin and sign course.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Total  Amount Explanation
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Other Expenses
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*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	ict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	Other Expenses  Other Explanation  Total
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr	the above statement were incurred by an of official business; that they are proper on County Board of Education; and that all
**** Per Board Policy 03.125 and 03.225: "Out-of-Distr  Date # Miles Charge @ \$.46  \$.46  Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were incurred by an of Official business; that they are proper on County Board of Education; and that all

Employee Name	Date Submitted4/3°/24
School/Work Site Sign El	mentary
Name of Meeting/Conference	Renarssance Global Conference
Date(s) of Meeting/Conference July	15-18 Departure Time July 15 4m. Return Time July 18
Place of Meeting/Conference	
Rationale for Attendance/ School	climate/culture, District Initiative
Expenses paid by: X SBDM PD S	pec Ed KETS Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on b	Mileage Airfare Substitute Other Total Est. Expense stack* \$0.46 per mile \$100 per day
595 = 600 = 155=	40000 \$17.500
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	5/7/2
Reason	Superintendent Signature Date
Submit this section upon returning. Include a original required receipts and signatures.	I KAVEL EXPENSE VEHAIDOUSEMENT VEGOES
Date # Miles Charge @ \$.46	rict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.  Other Expenses  Lodging Meals Explanation
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @	Other Expenses Total
Date # Miles Charge @ \$.46	Lodging Meals Amount Explanation  Total
Date # Miles Charge @ \$.46  Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacit	Lodging Meals Amount Explanation  Total  Amount Explanation  Total  Total  Reimbursement Due  y of official business; that they are proper
Date # Miles Charge @ \$.46	Amount Explanation  Total  Amount Explanation  Total  Total  Amount Explanation  Total  Reimbursement Due  y of official business; that they are proper son County Board of Education; and that all
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacic charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the Simpson County Schools in the capacit charges qualifying for reimbursement from the capacit charges qualifying for reimbursement fr	Lodging Meals Amount Explanation  Total  Total  Total  Reimbursement Due  y of official business; that they are proper son County Board of Education; and that all est of my knowledge.  Central Office Use:
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Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacicharges qualifying for reimbursement from the Simp data furnished here within is true and correct to the	Lodging Meals Amount Explanation  Total  Total  Total  Reimbursement Due  y of official business; that they are proper son County Board of Education; and that all est of my knowledge.  Central Office Use:

	ame Bet	n wright		Dat	e Submit	ted5/	2/24	
School/Worl	k Site <u>Sim</u>	pson Elementary	0					
Name of Me	eting/Confere	ence Jostens I	Renaissance Conf	erence				
Date(s) of M	eeting/Confe	rence July 15	-18	Depar	ture Time	e 6:00am	Return T	ime7:30pm
Place of Mee	eting/Confere	nce <u>Hilton Or</u>	lando Orlando, Fl	orida				
Rationale for	/		e/culture, district					
Expenses pai	id by: 🙇 S	BDM □ PD	□ Spec Ed □	KETS DOther	(MUST Sp	ecify)		
Estimated Ex	<u>kpenses</u> :							
Registratio	n Lodgir	•		leage Airf per mile	are	Substitute \$100 per day	Other	Total Est. Expenses
\$595	\$597	\$155					\$40	\$1879
Approv	nature: ntendent Appr ved No	t Approved	Sup	Grant/	Admin: _ LL nature	Required	d if Expenses are P	Paid by Grant Funds  S / 124  Date
original	required recei	returning, Include pts and signatur		AVEL EXP	ENSE	REIMBU	JRSEMEN	IT REQUEST
*** Per Board	Policy 03.125 ar	nd 03.225: "Out-o	f-District Travel Re	imbursements MUS	T be submi	itted within th	irty (30) days of ti	he travel return date.***
*** Per Board  Date	Policy 03.125 ar # Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Re Lodging	imbursements MUS	Amou	Other Exp	THE RESERVE OF THE PARTY OF THE	he travel return date.***  Total
		Charge @				Other Exp	enses	
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Date  Affidavit: I here	# Miles	Charge @ \$.46	Lodging	Meals	Amou	Other Exp	enses	Total
Date  Affidavit: I here employee of S charges qualify	# Miles  eby certify that a simpson County ving for reimburs	Charge @ \$.46 sall expenses included schools in the case	Lodging  ded in the above so	Meals  tatement were incusiness; that they pard of Education; a	Amou	Other Exp	enses Explanation	Total
Date  Affidavit: I here employee of S charges qualify	# Miles  eby certify that a simpson County ving for reimburs here within is true.	Charge @ \$.46 sall expenses included schools in the case	Lodging  ded in the above so pacity of official besimpson County Bo	Meals  tatement were incusiness; that they pard of Education; a	Amou	Other Exp	enses Explanation bursement Du	Total