

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Rachel Wright Date Submitted 2/28/2024  
 School/Work Site BTC  
 Name of Meeting/Conference Ashland Conference  
 Date(s) of Meeting/Conference ~~2/18-20/2024~~ 7/19-20/24 <sup>change</sup> Departure Time 8:00 Return Time 6:00  
 Place of Meeting/Conference Ashland RTC 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: \_\_\_\_\_ 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 \_\_\_\_\_

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Rachel Wright Date Submitted 2/28/2024  
 School/Work Site BTC  
 Name of Meeting/Conference KYCCBD (charge)  
 Date(s) of Meeting/Conference 7/13-18/2024 (7/14-16/24) 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	834.00	200.00	—	—	—	—	1334.00

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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**Reimbursement Due**

Employee Signature: [Signature] Date \_\_\_\_\_ Central Office Use: \_\_\_\_\_  
 Supervisor Signature: [Signature] Date \_\_\_\_\_ Coding \_\_\_\_\_  
 CFO Approval \_\_\_\_\_