## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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Employee Name R		right	Dat	e Submitted	2 28 20	34
School/Work Site	RTC		/			
Name of Meeting/Confe	erence	Ishland	Corpe	rence Qu	90 Return Tim	(0'A)
Date(s) of Meeting/Conf	ference 7/L	8-20/2024	Depar	fure Time	Keturn IIm	e <u> </u>
Place of Meeting/Confe			RTC	confere	nce	
		rongati	@ C1	nferen	ce	
	I SRDM DPD	☐ Spec Ed ☐ KE	TS Other (	MUST Specify)		
Experience (	300111 = 10					
Estimated Expenses:	eing Me	eals Milea			AND THE RESERVE OF THE PARTY OF	otal Est. Expenses
Registration Lodg	See policy	on back* \$0.46,per	mile	\$100 per dav		100.00
	100	MY AL				
Principal Signature:	MON	MON	Grant/A	Admin:Requir	red if Expenses are Paid	by Gyant Funds
Prior Superintendent Ap			40	1.1	-	2/28/24
ApprovedN	lot Approved	Sumor	intendent Sign	ature		bate
Reason		Super	intendent sign			
		TDA	VEL EXPE	NSE REIMB	URSEMENT	REQUEST
*** Per Board Policy 03.125		Enlessiet Travel Reimb	ursements MUS	T be submitted within	thirty (30) days of the t	ravel returndate.***
HOUSE COMPANY	Charge @	Lodging	Meals		xpenses Explanation	Total
Date # Miles	\$.46	Louging		Amount	LAPIANOLION	
		ded in the above state	ment were incur	red by an	mbursement Due	
Affidavit: I hereby certify that	t all expenses include y Schools in the ca	ded in the above state	ment were incur ness; that they a	red by an	mbursement Due	
employee of Simpson County	y Schools in the cal	Simpson County Board	of Education; as	red by an	mbursement Due Office Use:	
employee of Simpson County	y Schools in the cal	Simpson County Board	of Education; as	red by an	L	
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbudata furnished here within is the same of the sam	y Schools in the cal	Simpson County Board	of Education; as	red by an	L	
employee of Simpson Count	y Schools in the cal	Simpson County Board	of Education; and of Education	red by an re proper nd that all Central	L	
employee of Simpson County charges qualifying for reimbu data furnished here within is t	y Schools in the cal	Simpson County Board	of Education; and of Education	red by an re proper nd that all Central	Office Use:	

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PERMIT	testings som	001 01	<b>D</b> , <b>O</b> ,			
	1 1	windst	Dat	te Submitted	2/28/20	a4
Employee Name	DIC	origina -				
School/Work Site	orence	KYCCBD	1 ghas	0 /		11.0
Name of Meeting/Conf Date(s) of Meeting/Con		3-18/2024	Depai	ture Time 3:0	OReturn Tim	ne 6:00
	//	with &	ODOMI	u Les	vixoton	·
Place of Meeting/Confe	rence	July 1	e ( o A )	1 Proti	tilte	
Rationale for Attendance	:e	700100		(MALIST Specify)	,	
Expenses paid by:	SBDM PD	☐ Spec Ed ☐ KE	15 Li Other	(MOS) Specify		
Estimated Expenses:			n 2.45	are Substitu	te Other	Fotal Est. Expenses
Registration Lod		eals Milea yon back 50.46 per	A STATE OF THE PARTY OF THE PAR	\$100 per d.	AND THE REAL PROPERTY OF THE PARTY OF THE PA	和有我有很多的
0 0 21			_   _	_   _	·	1334.00
300 830	4.00 300	the of the	1			
Principal Signature:	MILL	MAIN	Grant/	Admin: Requ	ired if Expenses are Paid	d by Grant Funds
Prior Superintendent Ar		0	1	- Shil		2/28/2
✓ Approved	Not Approved	Company	intendent Sign	nature		Date
Reason		Super	IIItendent sigi			
*** Per Board Policy 03.125	and 03.225: "Out-o	f-District Travel Reimb	oursements MUS	T be submitted within other	BURSEMENT  n thirty (30) days of the  Expenses  Explanation	travel returndate.**  Total
Date # Miles	\$.46	Loughts		Amount	Explanation	
		dod in the above state	ment were incu	rrea by an	imbursement Due	
Affidavit: I hereby certify that imployee of Simpson Count harges qualifying for reimble lata furnished here within is	ty Schools in the ca	Simpson County Board	of Education; a	are proper and that all Centra	al Office Use:	
(Karaal)	Usudht	×				
mployee Signature	1		Date	Coding	B	
( ) nerten	1 OM					
Supervisor Signature	A.A.		Date	CFO A	pproval	