

# ***Floyd County Schools***

## ***Superintendents Travel & Timesheet***

***For the Month Ending in  
April 2024 &  
Retroactive Travel May  
and for June 2024***

***Presented to the Floyd County Board of Education,  
meeting in Regular session  
May 20, 2024***



# Floyd County Schools

## Salaried Time and Attendance Certification/Affidavit

C= Contract  
 NC= Non Contract  
 P= Personal  
 S= Sick  
 E= Emergency  
 H= Holiday  
 SC= School Closed  
 PD= Professional  
 JD= Jury Duty

Employee Number 12717

School/Location Central office

Employee Name Anna Shepherd

Month/Year April 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	NC 1	NC 2	NC 3	NC 4	NC 5	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C 8	C 9	C 10	C 11	C 12	
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C 15	C 16	C 17	C 18	C 19	Skills USA C 20
DAY	DAY	DAY	DAY	DAY	DAY	DAY
	C 22	C 23	C 24	C 25	C 26	Baseball Tourn. C 27
DAY	DAY	DAY	DAY	DAY	DAY	DAY
Young Authors C 28	C 29	C 30				
DAY	DAY	DAY	DAY	DAY	DAY	DAY

I hereby affirm and attest that the information I have provided is true and, under the provision of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

THIS Period    TOTAL YTD

Employee Signature Anna W. Shepherd

Date 4-30-24

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Contract Days	20	206
Total Holidays		5
Total PD Days		
Total Sick Days		
Total Personal Days		
Total Emergency		2
<b>Total Paid Days</b>		<b>213</b>
Total Non-Contract	5	19

This affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principals/Director/Supervisor.

## Travel Request Form Floyd County Schools

**Name** Anna Shepehrd SSN#

**Employee School/Location**

Central Office/Eastern, KY

**Conference/Workshop, City & State**

KEDC Board of Directors Meeting/Lexington, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/01/24	12:30pm	FROM	Staffordsville
RETURN	05/01/24	8:00pm	TO	Lexington

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-24 THRU 06-30-24)	\$ 0.45	222 \$ 99.90
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 99.90</b>

**Statement of Rationale for Attendance**

Anna W. Shepherd 4-30-24  
 Signature of Applicant Date

William Newboome Date  
 Signature of Superintendent/Designee

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.--\$8.00
- (B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M.--\$10.00
- (C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M.--\$18.00
- (D) Save receipts for tolls, parking, fees, etc over \$2.00 and lodging receipts for attachment of expense reimbursement form.
- (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.





## Travel Request Form Floyd County Schools

Name: Anna Shepherd SSN#

Employee School/Location

Central Office/Eastern, KY

Conference/Workshop, City & State

Toyota Tsusho/SOAR/Teach for America Appalachia Scholarship Banquet/Pine Mountain Grill, Whitesburg

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/10/24	12:00pm	FROM	Eastern
RETURN	05/10/24	4:00pm	TO	Whitesburg

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
			TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

Mileage (@ \$ 0.45 per mile)

MILEAGE RATE(04-01-24 THRU 06-30-24)

ENTER MILES OR NUMBER OF DAYS	Amounts requested
\$ 0.45	\$ -
Amount Per Day	
Amount Per Day	
Amount Per Day	

Bus/Airfare

Subsistence (Overnight stay required)

Lodging (Do not include direct billing to BOE)

Miscellaneous Reimbursable Expenses

**TOTAL ESTIMATED EXPENSES TO BE REIMBURSED** \$ -

**Statement of Rationale for Attendance**

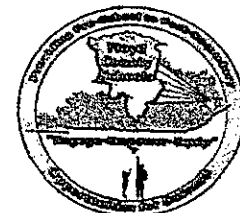
Anna W. Shepherd  
Signature of Applicant

5-10-24  
Date

William Newcome  
Signature of Superintendent/Designee

5-10-24  
Date

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.—\$8.00
- (B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M.—\$10.00
- (C) DINNER AUTHORIZED TRAVEL 5:00 P.M. THROUGH 9:00 P.M.—\$18.00
- (D) Save receipts for tolls, parking, fees, etc over \$2.00 and lodging receipts for attachment of expense reimbursement form.
- (E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.



## Travel Request Form Floyd County Schools

**Name** Anna Shepherd SSN#

**Employee School/Location**

Central Office/Eastern, KY

**Conference/Workshop, City & State**

Play Ball Puerto Rico/Louisville, KY

	DATE	TIME	TRAVEL LOCATIONS	
DEPARTURE	05/21/24	12:00pm	FROM	Staffordsville
RETURN	05/22/24	7:00pm	TO	Louisville

**MUNIS CODING**

ORG	OBJECT	PROJECT	DISCRIPTION
0011075	0580		TRAVEL
	0585		SUBSISTENCE
	0586		LODGING
			OTHER

**Estimated Employee Expenditure Reimbursement**

		ENTER MILES OR NUMBER OF DAYS	Amounts requested
<b>Mileage</b> (@ \$ 0.45 per mile)	MILEAGE RATE(04-01-24 THRU 06-30-24)	\$ 0.45	380 \$ 171.00
<b>Bus/Airfare</b>	Amount Per Day		
<b>Subsistence</b> (Overnight stay required)	Amount Per Day		\$ 54.00
<b>Lodging</b> (Do not include direct billing to BOE)	Amount Per Day		
<b>Miscellaneous Reimbursable Expenses</b>			
<b>TOTAL ESTIMATED EXPENSES TO BE REIMBURSED</b>			<b>\$ 225.00</b>

**Statement of Rationale for Attendance**

Anna W. Shepherd  
Signature of Applicant

William Newcome  
Signature of Superintendent/Designee

5-13-24  
Date

5-10-24  
Date

- (A) BREAKFAST AUTHORIZED TRAVEL 6:30 A.M. THROUGH 9:00 A.M.—\$8.00
- (B) LUNCH AUTHORIZED TRAVEL 11:00 A.M. THROUGH 2:00 P.M.—\$10.00
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