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										
Employee Number	12717	ica mine ana y			entral Spice	S= Sick E= Emergency H= Holiday				
Employee Name	Anna She	pherd		Month/Year Ap	il 2024	SC= School Closed PD= Professional JD= Jury Duty				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda	у			
DAY	NC. DAY	Ne Day	No Bay	No PAY	NC BAY		DAY			
DAY	C	C DAY	C DAY	C P DAY	C DAY		DAY			
DAY	c 135	C DAY	C DAY	C 98	C DAY	skills USA	DAY 20			
DAY	c gay	C DAY 23	C DAY	C DAY	C DAY	Boseball C	29 ^y			
Journ 28	C DAY9	C BAY	DAY	DAY	DAY		DAY			
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.									
Employee Signature	Anna W.	Shepherd	Date	4-30-24	Total Contract Days Total Holidays Total PD Days		206 5			
Supervisor Signature		•	Date		Total Sick Days Total Personal Days Total Emergency		2			
This affidavit is esse	ntial for payroll purpo by the Pi	Total Paid Days Total Non-Contract	2	2/3						

REV	ISED 8/21/01			Troval Doguest Corns					
	-			Travel Request Form Floyd County Schools					
Name	Anna Shepehrd								
				Employee School/Location					
	Central Off	fice/Easter	n, KY						
				Conference/Workshop, City & State					
	KEDC Board	of Directors	Meeting/Lexi	ngton, KY					
	DATE	TIME		TRAVEL LOCA	TIONS				
DEPARTURE		12:30pm	FROM	Staffordsville					
RETURN	05/01/24	8:00pm	то	Lexington					
ORG	OBJECT	PROJECT	DISCRIPTION			1			
0011075	0580		TRAVEL			1			
	0585		SUBSISTI	ENCE		1			
	0586					-			
	0360		LODGING	1		1			
			OTHER	Employee Francisco Drive					
		_	.sumateu i	Employee Expenditure Reimburs	ement	ENTER MILES	Amounto		
						OR NUMBER OF	Amounts requested		
Mileage (@	2) \$ 0.45 pe	r mile)		MILEAGE RATE(04-01-24 THRU 06-30-24)	\$ 0.45	DAYS 222	\$ 99.90		
Bus/Airfar	e			Amount Per Day	· · · · · ·		Ψ 33.30		
Subsisten	Ce (Overnight st	ay required)		Amount Per Day					
Marie and the	o not include direc)						
				Amount Per Day					
Miscellaneous Reimbursable Expenses TOTAL ESTIMATED EXPENSES TO BE							\$ 99.90		
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			State	ment of Rationale for Attendance)		-		
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Signature of	Applicant	· 37	repen				7-30-29		
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Will	ion 14	misomic	184						
(250)	Superintende					•	Date		
(A) BREAKFA	ST AUTHORIZ	ED TRAVEL	5:30 A.M. THF	ROUGH 9:00 A.M\$8.00		40,000	W (1)		
(C) DINNER A	UTHORIZED T	RAVEL 11:00	A.M. THROUG P.M. THROUG	GH 2:00 P.M\$10.00 GH 9:00 P.M\$18.00		State States	3 18		
(D) Save rece	ipts for tolls, p	arking, fees,	etc over \$2.0	0 and lodging receipts for		S School			
	it of expense re eimbursement			for payment no later than					

45 days after travel has been completed.

RE	/ISED 8/21/01		ATT 10 A 1	Travel Request Form			i			T
	1			Floyd County School	s	 ,				
Name	me Anna Shepherd									
				Employee School/Location						
	Central Off	fice/Easter	n, KY							
				onference/Workshop, City & St	tate					
	KY ILN Meet	ina-June Exh		ardin County Early College and (enter				
	DATE	TIME			EL LOCA					
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Signáture of	Applicant		•							Date '
Signature of	Superintende	ent/Designe								Date
										Date
(A) BREAKFA	IST AUTHORIZ	ED TRAVEL 6	3:30 A.M. THRO	OUGH 9:00 A.M\$8.00					-	
(C) DINNER A	UTHORIZED T	RAVEL 5:00 F	A.M. THROUGH P.M. THROUGH	1 2:00 P.M\$10.00 1 9:00 P.M\$18.00				Star S Mary	3	
(D) Save rece	ipts for tolls, p	arking, fees,	etc over \$2.00	and lodging receipts for				and an article		<i>3][1</i>]
	nt of expense r			or payment no later than				Programme of	经以	到一
45 days af	ter travel has b	een complete	9d.	w halimant no rate: mign				/ James confi	Jever-Edys L	7/

K	EVISED 8/21/01			Travel Re	quest Form			
	···			Floyd Cou	nty Schools			
Name	Anna She	nhord				SSN#		<u></u>
- Taine	[Allia Sile]	priera		-		65		
	C4-100	· · ·		Employee Sc	hool/Location			
	Central Of	fice/Easter						
					shop, City & State			
	Toyota Tsus	ho/SOAR/Te	ach for Americ	a Appalachia Sch	nolarship Banquet/Pine l	Mountain Grill	Whitesburg	
DEPARTU		12:00pm			TRAVEL LOCA	TIONS		
RETU		4:00pm	FROM TO	Eastern				
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		 -	SUBSISTE	NCE				
	0586	 	LODGING					
			OTHER				1	
		E	stimated Er	mployee Expe	enditure Reimburs	ement	<u></u>	
							ENTER MILES OR NUMBER OF	Amounts
Mileage (@ \$ 0.45 per	mile)		MILEAGE RAT	E(04-01-24 THRU 08-30-24)	\$ 0.45	DAYS	requested
3us/Airfa	re				ŕ	\$ 0.45		<u> </u>
ubsister	ICE (Overnight sta	ay required)			Amount Per Day			
	Do not include direc				Amount Per Day			
	eous Reimb				Amount Per Day			
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	Superintenden	-	,				•	Date
LUNCH AU	DI AUTHORIZE[THORIZED TOA	D TRAVEL 6:3 VEL 11:00 A	M TUROU	GH 9:00 A.M\$8. 2:00 P.M\$10.00	00	<u> </u>		
DINNER AL	JTHORIZED TRA	4VEL 5:00 P.M	W. THROUGH 9	:00 P.M\$18 00:			See	APPS
Save receip	ots for tolls, par	king, fees, et	c over \$2.00 an	id lodging receipt	s for		A Committee	March 1
attachment	of expense rei	mbursement :	form.	- •			I same	

(E) Expense reimbursement forms must be submitted for payment no later than 45 days after travel has been completed.

RE\	/ISED 8/21/01			Travel Request Fo					
			<u> </u>	Floyd County Scho	ools				
Name	Anna Shepherd								
<u> </u>				Employee School/Location	on				
<u> </u>	Central Off	ice/Easter							<u> </u>
				onference/Workshop, City &	& State				
	Play Ball Pue	rto Rico/Loui	isville, KY						
	DATE	TIME			RAVEL LOCA	TIONS			· · · · · · · · · · · · · · · · · · ·
DEPARTURE RETURN		12:00pm 7:00pm	FROM TO	Staffordsville Louisville					
	INIS CODIN		10	Logisville					 .
ORG	OBJECT	PROJECT	DISCRIPTION				_		
0011075	0580		TRAVEL		· · · · · · · · · · · · · · · · · · ·		7		
-	0585		SUBSISTE	NCE			-		
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Bus/Airfar	-			Am	ount Per Day				
	CC (Overnight sta			Ame	ount Per Day			\$	54.00
	o not include direc			Ame	ount Per Day				
inioceilai le	ous Reimb	ursable E	xpenses						
	· · · · · · · · · · · · · · · · · · ·			TOTAL ESTIMA	TED EXPE	NSES TO I	BE REIMBURSE	\$	225.00
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Signature of	Applicant	ron	SHAP	VI				<u>5-1</u>	324
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	Superintende		10.3					S=	Date
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D) Save recei _l	ots for tolls, pa	rking, fees, e	tc over \$2.00 a	9:00 P.M\$18.00 and lodging receipts for					18/20
attachmeni	t of expense re	imbursement	t form.						
⊏, ⊏xpense re 45 days afte	imbursement f er travel has be	orms must be en complete	e submitted fo d.	r payment no later than			A Papara San		