Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>. Complete ALL items on top half of form. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Nar	me Tim	Schloss	er .	Dat	e Submit	ted	5 29	24		
School/Work	Site	ntre Off	a	- 1						
Name of Mee	ting/Confere	ence Jos	tens lene	Ssence Glob Depa	e Co	ntere	næ			
Date(s) of Me	eting/Confe	rence	12-18	Depa	rture Time	e 6'2	10m	_Return Ti	me 6'20	~_
		U	H orland	•	1				-	
				Chite a						
Expenses paid	d by: 🔲 S	BDM 🗆 PD	☐ Spec Ed ☐	KETS 🗹 Other	(MUST Sp	ecify)_	GF			
Estimated Exp	enses:									
Registration	Lodgir			Nileage Airf 46 per mile	are	Substit \$100 per		Other	Total Est. Expe	enses
525.00		160	'Lo	495	.97					
Principal Signa	ature:			Grant/	Admin: _					
Prior Superint				1	_			(penses are P	aid by Grant Fund	ls
Approve	ed No	t Approved		A86					5/29/	24
Reason			Su	iperintendent Sig	nature				Da	ate
		returning. Inclu	425	RAVEL EXP	ENICE	REIN	ARIJR	SEMEN	TPEOLE	CT
		pts and signatu nd 03.225: "Out-o Charge @ \$.46	and the later live and	Reimbursements MUS	ST be subm	itted wit Oth	hin thirty (er Expense	30) days of th		
*** Per Board P	Policy 03.125 ar	nd 03.225: "Out-o	of-District Travel F	Reimbursements MU		itted wit Oth	hin thirty (er Expense	30) days of th	ne travel return d	
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*** Per Board Po	# Miles # Open certify that an	charge @ \$.46 \$.46	Lodging Lodging ded in the above apacity of official	Meals Meals statement were incubusiness; that they	Amou	Othount	hin thirty (er Expense Expl	30) days of th	Total	
*** Per Board Po	# Miles # Open county that an proper county and for reimburs	charge @ \$.46 shall expenses inclusions in the calement from the	Lodging Lodging ded in the above apacity of official	Meals Meals statement were incubusiness; that they	Amou	othount	hin thirty (er Expense Expl	30) days of the sanation	Total	
*** Per Board Po	# Miles # Miles py certify that anpson County of for reimbursere within is true.	charge @ \$.46 shall expenses inclusions in the calement from the	Lodging Lodging ded in the above apacity of official Simpson County I	Meals Meals statement were incubusiness; that they	Amou	othount	er Expense Expl	30) days of the sanation	Total	
Affidavit: I herebemployee of Sim charges qualifyin data furnished here	# Miles # Miles py certify that anpson County of for reimbursere within is true.	charge @ \$.46 shall expenses inclusions in the calement from the	Lodging Lodging ded in the above apacity of official Simpson County I	statement were incubusiness; that they Board of Education; a owledge.	Amou	Othount Cent	er Expense Expl	30) days of the sanation	Total	