Employee Name Nav	ney Uh	1s mhx	Date	e Submitte	d	
School/Work Site	AND KERA	Summer	- Leaders	Ship J	nontute	
Date(s) of Meeting/Confe	rence lulu	W-20,202	Depart	ture Time	Return	Time
Place of Meeting/Confere	SIM	1 New York				
Place of Meeting/Confere	ence <u>Ji Lui</u>	Willer	ducalla.	, 130	or one	
Rationale for Attendance	Comma	ning de	MLUTION	1	0011DJ1	
Expenses paid by:	SBDM □ PD	□ Spec Ed □ K	ETS Other (MUST Spe	cify) <u>OD [1071</u>	
Estimated Expenses:						T. I. I. S. Surancos
Registration Lodgi	ng Me See policy	on back* \$0.46 p	eage Airfa per mile		ubstitute Other 100 per day	Total Est. Expenses 344.16
Principal Signature: Prior Superintendent App Approved No Reason	roval: ot Approved	Sup	Grant/A	shl	Required if Expenses ar	e Paid by Grant Funds 4 / 11 / 24 Date
original required rece	INTE AND CONSTILL	C.L. SHARRESHINGS				
Per Board Policy 03.125 a Date # Miles	nd 03.225: "Out-o Charge @ \$.46				ed within thirty (30) days o	of the travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitt	ed within thirty (30) days o Other Expenses	of the travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitt	ed within thirty (30) days o Other Expenses	of the travel return date.***
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	T be submitt	ed within thirty (30) days o Other Expenses	of the travel return date.***
Date # Miles Date # Miles	charge @ \$.46	Lodging Lodging ded in the above st	Meals Meals atement were incu	Amour	ed within thirty (30) days o Other Expenses	of the travel return date.*** Total
Date # Miles	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official b	Meals Meals atement were incursiness; that they ard of Education; a	Amour Arred by an are proper	ed within thirty (30) days of Other Expenses it Explanation	of the travel return date.*** Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 \$.46	Lodging Lodging ded in the above stapacity of official b	Meals Meals atement were incursiness; that they ard of Education; a	Amour Arred by an are proper	ed within thirty (30) days of Other Expenses it Explanation Reimbursement	of the travel return date.*** Total

Employee Name David Webs	Jev Da	te Submitted	d	
School Mark Site Dom Mem	ber			
Name of Meeting/Conference KSBA SI	immer Leade	15hip	Institute	
Date(s) of Meeting/Conference 19	20, 2024 Depa	rture Time _	Return Time	e
Place of Meeting/Conference	bonvention G	enter.	Bording Greer), Ky
Rationale for Attendance Community	J CHICATO	(MILIST Spec	:61 DDUD71	
	ec Ed KETS Other	(MOST Spec	my) who is	
Estimated Expenses:	0:0	C.	ubstitute Other T	otal Est. Expenses
Registration Lodging Meals See policy on bar ALOOD HODE		The second second	.00 per day	344.16
Principal Signature:Prior Superintendent Approval: Not Approved Reason	Grant, Superintendent Sig	Admin:	Required if Expenses are Paic	by Grant Funds Colorate
			EIMBURSEMENT	to an way of the ball to the same
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-Distribution of the second of the se			ed within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction of the Post of the	ict Travel Reimbursements MU	ST be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction of the Post of the	ict Travel Reimbursements MU	ST be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-Distriction of the Post of the	ict Travel Reimbursements MU	ST be submitt	ed within thirty (30) days of the Other Expenses	travel return date.***
Part Per Board Policy 03.125 and 03.225: "Out-of-District Policy of State of Simpson County Schools in the capacity of State of Simpson County Schools in the capacity of State of Simpson County Schools in the capacity of State of Simpson County Schools in the capacity of State of Simpson County Schools in the capacity of State of Stat	the above statement were income of official business; that they	Amoun Amoun	ed within thirty (30) days of the Other Expenses	travel return date.***
Date # Miles Charge @ \$.46 Date # Miles \$.46	the above statement were income of official business; that they on County Board of Education;	Amoun Amoun	ed within thirty (30) days of the Other Expenses t Explanation	travel return date.***
Pate # Miles Charge @ \$.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement were income of official business; that they on County Board of Education;	Amoun Amoun	ed within thirty (30) days of the Other Expenses t Explanation Reimbursement Due	travel return date.***

Employee Name	Kumm	lr	Date	e Submitte	d		
- Rn	AM NIDA	nor	10000	-/-	20.1) .	
Name of Mosting/Confere	nce KSBA	Summer	Leaders	up Ji	18414	ute	
Date(s) of Meeting/Confe	rence July	19 + 20 2	Depar	ture Time	11	Return Ti	me
Date(s) of Meeting/Confere	nce Sloar	Convent	on Ceny	er, But	Whag	Green	PD
Detingle for Attendance		MINK YOULL	will we				
Expenses paid by:	BDM □ PD	□ Spec Ed □ KE	TS 🗹 Other (MUST Spec	cify) <u>De</u>	ין ען וי	
Estimated Expenses:							
Registration Lodgir	ng Me See policy				ubstitute 100 per day	Other	Total Est. Expenses
260.DD -	40.	00 44.	16 -				344.16
Principal Signature: Prior Superintendent App Approved No Reason	roval: ot Approved	Supe	Grant/	Admin: SW nature	Requir	ed if Expenses are F	Paid by Grant Funds US 124 Date
original required recei	ots and signatur	Co.	AAFF FAL	FIASE W	C-114155	Per transfer ta caus	IT REQUEST
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim Lodging	bursements MUS Meals	Amoun	Other E	thirty (30) days of t xpenses Explanation	he travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	xpenses	
*** Per Board Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Reim			Other E	Explanation	Total
Date # Miles Date # Miles	nd 03.225: "Out-o Charge @ \$.46	Lodging Lodging ded in the above sta	Meals	Amoun	Other E	xpenses	Total
Date # Miles	charge @ \$.46 share all expenses inclusions in the careent from the	Lodging Lodging ded in the above state apacity of official but Simpson County Boa	Meals tement were incusiness; that they rd of Education; a	Amoun	Other E	Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur	charge @ \$.46 share all expenses inclusions in the careent from the	Lodging Lodging ded in the above state apacity of official but Simpson County Boa	Meals tement were incusiness; that they rd of Education; a	Amoun	Other E	mbursement Do	Total

Employee Name Mann	Date Submitted
School/Work Site Board Memb	of a discolation of the state o
Name of Meeting/Conference	nmer beadership Institute
Date(s) of Meeting/Conference	Departure TimeReturn Time
Flace of Miceting/Connection	nivention Center, Bowling Green, Ko
Rationale for Attendance Londinuin	a laucasión coupai
Expenses paid by: 🗆 SBDM 🗖 PD 🗖 Spec	Ed KETS Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back* 40.00	Mileage Substitute Other Total Est. Expenses \$100 per day H416 Mileage Substitute Other Total Est. Expenses 3144.16
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	6 6 24
Reason	Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Charge @	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total Amount Explanation
Charge @	Other Expenses Total
Date # Miles Charge @ Lo \$.46 Lo	Other Expenses Amount Explanation Total Amount Explanation Total Reimbursement Due
Date # Miles Charge @ Lo	Meals Amount Explanation Total Amount Explanation Reimbursement Due County Board of Education; and that all
Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Meals Amount Explanation Total Amount Explanation Reimbursement Due County Board of Education; and that all

A	1 . 1			
Employee Name Chrissy Cum	minas	Date Submitted		
School/Work Site Board Mem	DU	adersonia-	Enstala da	
Name of Meeting/Conference K5BA S	immer Le	ace Svijo	DIOTIFICACIONE Timo	
Date(s) of Meeting/Conference July 14	20, 2024	_Departure Time _	Return Time	
Place of Meeting/Conference	Nention 1	enter, Bor	vung Green, k	90
Rationale for Attendance Londinuin	of same	101	ורמווממייי	
Expenses paid by: SBDM PD Spe	ec Ed 🔲 KETS 🗖	Other (MUST Spec	ity) <u>00110-1</u>	
Estimated Expenses:				
Registration Lodging Meals See policy on bace 40.00	Mileage k* \$0.46 per mile		00 per day	344.16
Principal Signature:		Grant/Admin:		
Prior Superintendent Approval:	1	1/1	Required if Expenses are Paid	by Grant Funds
Approved Not Approved		18m		6527
Reason	Superintend	ent Signature		Date
original required receipts and signatures.				
*** Per Board Policy 03.125 and 03.225: "Out-of-Distr		eals Amoun	Other Expenses	travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Per Board Policy 03.125 and 03.225: "Out-of-Distr		als	Other Expenses	
Date # Miles Charge © \$.46	odging Me	eals Amoun	Other Expenses	
Date # Miles Charge S.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity	the above statement of official business; the	were incurred by an hat they are proper	Other Expenses Explanation	
Date # Miles Charge © \$.46	the above statement of official business; to County Board of Ed	were incurred by an hat they are proper	Other Expenses Explanation	
Date # Miles Charge S.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement of official business; the County Board of Edust of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimbursement Due Central Office Use:	
Date # Miles Charge S.46 Date # Miles \$.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	the above statement of official business; the County Board of Edust of my knowledge.	were incurred by an hat they are proper	Reimbursement Due	
Date # Miles Charge \$ 5.46 Date # Miles S.46 Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the best series of the	the above statement of official business; the County Board of Edust of my knowledge.	were incurred by an nat they are proper ucation; and that all	Reimbursement Due Central Office Use:	