

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Nancy Uhls Date Submitted \_\_\_\_\_  
 School/Work Site Board Member  
 Name of Meeting/Conference KSBA Summer Leadership Institute  
 Date(s) of Meeting/Conference July 17-20, 2024 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Sloan Convention Center, Bowling Green, KY  
 Rationale for Attendance Continuing education  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 0011D71

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
<u>260.00</u>		<u>40.00</u>	<u>44.16</u>				<u>344.16</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 6/10/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*"

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name David Webster Date Submitted \_\_\_\_\_  
 School/Work Site Board Member  
 Name of Meeting/Conference KSBA Summer Leadership Institute  
 Date(s) of Meeting/Conference July 19-20, 2024 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Joan Convention Center, Bowling Green, KY  
 Rationale for Attendance Continuing education  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) DD11071

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
<u>260.00</u>		<u>40.00</u>	<u>44.16</u>				<u>344.16</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval:  
 Approved  Not Approved...  
 Reason \_\_\_\_\_  
 Superintendent Signature [Signature] Date 6/10/24

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

Submit this section upon returning. Include any original required receipts and signatures.  
 \*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jill Kummer Date Submitted \_\_\_\_\_  
 School/Work Site Board Member  
 Name of Meeting/Conference KSBA Summer Leadership Institute  
 Date(s) of Meeting/Conference July 19 + 20 2024 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Sloan Convention Center, Bowling Green, KY  
 Rationale for Attendance continuing education  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) DD11D71

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
260.00	-	40.00	44.16	-	-	-	344.16

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSH Date 6/5/24

Submit this section upon returning. Include any original required receipts and signatures.

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\*"

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date

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

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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Complete ALL items on top half of form.  
Attach Meeting Registration Form

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

Employee Name Tammie Mann Date Submitted \_\_\_\_\_  
 School/Work Site Board Member  
 Name of Meeting/Conference KSBA Summer Leadership Institute  
 Date(s) of Meeting/Conference July 18-20, 2024 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Sloan Convention Center, Bowling Green, KY  
 Rationale for Attendance Continuing education  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) DD11071

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
<u>240.00</u>		<u>40.00</u>	<u>44.16</u>				<u>344.16</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: J. Shu  
Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval:  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. Shu Date 6/10/24

Submit this section upon returning. Include any original required receipts and signatures.

### TRAVEL EXPENSE REIMBURSEMENT REQUEST

**\*\*\* Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.\*\*\***

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:  
 \_\_\_\_\_  
 Coding  
 \_\_\_\_\_  
 CFO Approval

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Chrissy Cummings Date Submitted \_\_\_\_\_  
 School/Work Site Board Member  
 Name of Meeting/Conference KSBA Summer Leadership Institute  
 Date(s) of Meeting/Conference July 14+20, 2024 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference Sloan Convention Center, Bowling Green, KY  
 Rationale for Attendance Continuing education  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) DD11D71

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
260.00		40.00	44.16				344.16

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J Shk Date 6/5/24

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## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

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**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date  
 \_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval