| Employee Name Melanie | Abney | Date Submitte | d 5 15 2 | 4 |
|---|--|---|---|---------------------------------|
| School/Work Site Franklin- Sivn | Pson High . | School | 1 1 | |
| Name of Meeting/Conference | Conference | | | |
| Date(s) of Meeting/Conference 7 8 | -7 11 | Departure Time | 8:00 am Return Tim | ne 6:00 pm |
| Place of Meeting/Conference The G | att House, L | | 4 | |
| Rationale for Attendance Profession | nal Develop | ment | | 1 |
| Expenses paid by: | Spec Ed 🗆 KETS 🦻 | Other (MUST Spe | cify) <u>Perkins</u> | |
| Estimated Expenses: | | | | |
| | | | 100 per day | \$423, 09 |
| Principal Signature: Prior Superintendent Approval: ApprovedNot Approved | | 45 | Required if Expenses are Pai | 5/24/24 |
| Reason | Superinten | dent Signature | | - Date |
| Submit this section upon returning, include original required receipts and signatures. | INAAEI | | EIMBURSEMEN | |
| *** Per Board Policy 03.125 and 03.225: "Out-of-D | | 一人员运动 | ted within thirty (30) days of the Other Expenses | |
| *** Per Board Policy 03.125 and 03.225: "Out-of-D Date # Miles Charge @ \$.46 | | eals Amour | Other Expenses | e travel return date.*** Total |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ | | eals | Other Expenses | |
| Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capa | Lodging M d in the above statement city of official business; | were incurred by an that they are proper | Other Expenses | Total |
| Date # Miles Charge @ \$.46 | d in the above statement city of official business; in pson County Board of Ec | were incurred by an that they are proper | Other Expenses nt Explanation | Total |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sim | d in the above statement city of official business; in pson County Board of Ecebest of my knowledge. | were incurred by an that they are proper lucation; and that all | Other Expenses Explanation Reimbursement Due Central Office Use: | Total |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sim | d in the above statement city of official business; in pson County Board of Ecebest of my knowledge. | were incurred by an that they are proper | Other Expenses Explanation Reimbursement Due | Total |

| Employee Name Bobb | y Bell | | Date | Submitted | 6/6/24 | |
|---|--|--|--|--|--|--|
| School/Work Site | | | | | | |
| Name of Meeting/Conferen | | | | | | |
| Date(s) of Meeting/Conference | ence <u>4/9 - 1</u> | 6/13/24 | Depart | | 8:00 Return Tim | ne <u>6/13 12:0</u> 0 Am |
| Place of Meeting/Conferen | iceSAVAI | nnah, G | eorgia | | | |
| Rationale for Attendance _ | | | | | | |
| Expenses paid by: | BDM □ PD □ | ☐ Spec Ed ☐ K | (ETS 🗹 Other (I | MUST Specify) | JR. BETA | |
| Estimated Expenses: | | | | | | |
| Registration Lodging | See policy | | eage Airfa per mile | re Subst \$100 p | | Total Est. Expenses # |
| | | | 0 . / 4 | 1 | | |
| Principal Signature: Prior Superintendent Appro | | | Grant/A | | lequired if Expenses are Paid | d by Grant Funds |
| Approved Not | | | | 1-511 | , | 1,124 |
| Reason | | qu2 | erintendent Sign | ature | | Date |
| | | | | | | |
| Submit this section upon re original required receip | ts and signature | | AVEL EXPE | NSE REII | MBURSEMENT | REQUEST |
| Per Board Policy 03.125 and Date # Miles | d 03.225: "Out-of Charge @ \$.46 | -District Travel Rei Lodging | mbursements MUS Meals | | ithin thirty (30) days of the her Expenses Explanation | travel return date.*** Total |
| | Charge @ | | Meals | Ot | her Expenses Explanation | Total |
| | Charge @ | | Meals \$25.00 | Ot | her Expenses | Total |
| Date # Miles 6/9/24 | Charge @ | | Meals #25. 00 \$45.00 | Ot | her Expenses Explanation | Total |
| | Charge @ | | Meals \$25.00 \$45.00 \$45.00 | Ot | her Expenses Explanation | Total 7 25. 00 1 45. 00 |
| Date # Miles 6/9/24 6/10/24 6/11/24 6/12/24 | Charge @ | | #25.00 \$45.00 \$45.00 | Ot | Explanation Deposit 8:00 Am | Total 7 25. 00 1 45. 00 4 45. 00 |
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| Date # Miles 6/9/24 6/10/24 6/11/24 6/13/24 Affidavit: I hereby certify that a employee of Simpson County S | Charge @ \$.46 \$! expenses included the capacity of the capacit | Lodging led in the above st | Meals \$25.00 \$45.00 \$45.00 \$45.00 | Amount rred by an are proper | Explanation Deposit 8:00 Am | Total 7 25. 00 1 45. 00 4 45. 00 |
| Date # Miles 6/9/24 6/10/24 6/11/24 6/13/24 Affidavit: I hereby certify that a | Charge @ \$.46 \$ lexpenses included the capement from the Sement from the Semen | Lodging led in the above st pacity of official be | Meals \$\\\^25.00 \$\\\^45.00 \$\\\^45.00 \$\\\^45.00 \$\\\^45.00 *\\\^45.00 | Amount Tred by an are proper and that all | Explanation Deposit 8:00 Am Return 12:00 Am | Total 7 35. 00 7 45. 00 4 45. 00 4 5. 00 |
| Date # Miles 6/9/24 6/10/24 6/13/24 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse data furnished here within is tru | Charge @ \$.46 \$ lexpenses included the capement from the Sement from the Semen | Lodging led in the above st pacity of official be | Meals \$\frac{4}{25}.00 \$\frac{4}{5}.00 \$\frac{4}{5}.00 | Amount rred by an are proper and that all | Reimbursement Due | Total 7 35. 00 7 45. 00 4 45. 00 4 5. 00 |
| Date # Miles 6/9/24 6/10/24 6/11/24 6/13/24 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse | Charge @ \$.46 \$ lexpenses included the capement from the Sement from the Semen | Lodging led in the above st pacity of official be | Meals \$\\\^25.00 \$\\\^45.00 \$\\\^45.00 \$\\\^45.00 \$\\\^45.00 *\\\^45.00 | Amount rred by an are proper and that all | Return 12:00 Am | Total 7 35. 00 7 45. 00 4 45. 00 4 5. 00 |
| Date # Miles 6/9/24 6/10/24 6/13/24 Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburse data furnished here within is tru | Charge @ \$.46 \$ lexpenses included the capement from the Sement from the Semen | Lodging led in the above st pacity of official be | Meals \$\frac{4}{25}.00 \$\frac{4}{5}.00 \$\frac{4}{5}.00 | Amount Tred by an are proper and that all that all that all the control of the c | Reimbursement Due | Total 7 35. 00 7 45. 00 4 45. 00 4 5. 00 |

| Employee Name | 14411 | mmina | < Date | Submitte | d | |
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| 120 | N M IVI | mhler | | | | |
| Name of Monting/Conford | ance KOKA | Summ | er Leader | Ship | Institute | |
| | 11/10 | 14+21) 2 | Depart | ture Time | Return | Time |
| Place of Meeting/Confere | 5)000 | Larrage | ion Ceni | er Bo | wling Green | , KD |
| Place of Meeting/Confere | hoe live | NION IN | Marina | -, | J | |
| Rationale for Attendance | MILLIAM | my su | WWW. | ALICT Co. | 15/10/11/01 | |
| Expenses paid by: | BDM PD [| □ Spec Ed □ k | (ETS Dother (| MUST Spec | cify) DOND7 | |
| Estimated Expenses: | | | | | ubstitute Other | Total Est. Expenses |
| Registration Lodgir | ng Me See policy | | eage Airfa per mile | | u bstitute Other 100 per day | Total Est. Expenses |
| 240.DD | 40. | 11.1 | .16 | | | 344.16 |
| Principal Signature: | | | Grant/A | Admin: | Required if Expenses are | - Data has Count French |
| Prior Superintendent App | roval: | | 1 | 11 | Required it Expenses and | . L. L. J |
| No | | | | sw- | | Date |
| Reason | | Sup | erintendent Sign | nature | | |
| Submit this section upon original required recei | nts and signatur | es. | | | EIMBURSEME | |
| *** Per Board Policy 03.125 at | nd 03.225: "Out-of | -District Travel Rei | imbursements MUS | T be submitt | ed within thirty (30) days o | f the travel return date.*** |
| Per Board Policy 03.125 at | Charge @ | -District Travel Rei | mbursements MUS Meals | | Other Expenses | f the travel return date.*** Total |
| | ATTENDED IN THE PARTY OF THE PA | | CHARLES OF STREET | T be submitt Amour | Other Expenses | |
| | Charge @ | | CHARLES OF STREET | | Other Expenses | |
| | Charge @ | | CHARLES OF STREET | | Other Expenses | |
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| Date # Miles | Charge @ \$.46 | Lodging | Meals | Amour | Other Expenses | Total |
| Date # Miles Affidavit: I hereby certify that | Charge @ \$.46 | Lodging ded in the above s | Meals tatement were incurrences; that they a | Amour | Other Expenses Explanation | Total |
| Date # Miles Affidavit: I hereby certify that | Charge @ \$.46 \$.46 all expenses include Schools in the caresement from the second se | Lodging ded in the above s pacity of official b Simpson County Bo | Meals tatement were incurrences; that they appeared of Education; a | Amour | Other Expenses Explanation | Total |
| Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur | Charge @ \$.46 \$.46 all expenses include Schools in the caresement from the second se | Lodging ded in the above s pacity of official b Simpson County Bo | Meals tatement were incurrences; that they appeared of Education; a | Amour | Other Expenses Explanation Reimbursement | Total |
| Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is to | Charge @ \$.46 \$.46 all expenses include Schools in the caresement from the second se | Lodging ded in the above s pacity of official b Simpson County Bo | Meals tatement were incurrences; that they appeared of Education; a | Amour | Other Expenses Explanation Reimbursement | Total |
| Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur | Charge @ \$.46 \$.46 all expenses include Schools in the caresement from the second se | Lodging ded in the above s pacity of official b Simpson County Bo | tatement were incursiness; that they apard of Education; a wledge. | Amour | Reimbursement Central Office Use: | Total |

| Employee Name DelK | Date Submitte | ed 6/6/24 | |
|--|--|---|---------------------|
| School/Work Site Simpson Co. Papil Ten | | | |
| Name of Meeting/Conference Ky Assoc Pupi | 1 Tamsportation | | |
| Date(s) of Meeting/Conference 6/19/2 | 4 Departure Time | 6/17 - 7:00 Return Time 4 | 119-5:00 |
| Place of Meeting/Conference Cornetts Museum | | 777 | PM |
| Rationale for Attendance KAPT Conference | | | |
| Expenses paid by: \square SBDM \square PD \square Spec Ed \square K | ETS Other (MUST Spe | cify) Transportston | |
| Estimated Expenses: | | | |
| See policy on back* \$0.46 p | per mile \$ | Substitute Other Tota 6100 per day | l Est. Expenses |
| Principal Signature: | 3. 6 Grant/Admin: | | |
| Prior Superintendent Approval: | 1 -10 | Required if Expenses are Paid by | Grant Funds |
| Approved Not Approved | She | | 6/11/24 |
| ReasonSupe | erintendent Signature | | Date |
| Submit this section upon returning. Include any original required receipts and signatures. | AVEL EXPENSE F | REIMBURSEMENT R | EQUEST |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rein Date # Miles Charge @ Lodging \$.46 | Meals Meals Amour | Other Expenses | |
| Date # Miles Charge @ Lodging 6/17/24 26.8 53.6 X | Meals | Other Expenses It Explanation | el return date.*** |
| Date # Miles Charge @ Lodging | Meals Amour | Other Expenses nt Explanation | el return date.*** |
| Date # Miles Charge @ Lodging 6/17/24 26.8 53.6 X 6/18/24 26.8 | Meals Amoun | Other Expenses nt Explanation | Total |
| Date # Miles Charge @ Lodging 6/17/24 26.8 53.6 X 6/18/24 26.8 Affidavit: I hereby certify that all expenses included in the above steemployee of Simpson County Schools in the capacity of official but | Meals Amount 40 = 24.66 46 24.66 Attended to the series of the serie | Other Expenses nt Explanation | 24.66 |
| Date # Miles Charge @ Lodging 6/17/24 26.8 53.6 X 6/18/24 26.8 53.6 X Affidavit: I hereby certify that all expenses included in the above states. | Meals Amount 40 = 24.66 46 24.66 Attended to the series of the serie | Other Expenses nt Explanation | Total 24.66 24.66 |
| Date # Miles Charge @ \$.46 Lodging 6/17/24 26.8 53.6 X 6/18/24 26.8 53.6 X Affidavit: I hereby certify that all expenses included in the above statemployee of Simpson County Schools in the capacity of official but charges qualifying for reimbursement from the Simpson County Board County | Meals Amount 40 = 24.66 46 24.66 Attended to the series of the serie | Other Expenses It Explanation Reimbursement Due | Total 24.66 24.66 |

y submit this form to the Principal section to the Principal section of the Principal section of the Principal section of the Principal section sec

| Employee Name 5 | vel Ern | ۸5 | Date | Submitted | 5/2 | 3/24 | |
|--|--|--|---|--|------------------------------------|---------------------------------|-------------------------------|
| School/Work Site | tate Ft | A Conv | ention F | 5 H 5 C | TE | | |
| | 111 | E61 / | | | | | |
| Name of Meeting/Confe Date(s) of Meeting/Conf | erence <u>6/3</u> | -7/24 | Depart | ure Time | SOAM | _Return Tim | e # 4-00 F |
| Place of Meeting/Confer | rence Kul | P Arena | - Lexings | 61, FY | | | |
| Rationale for Attendance | e_Stuken | + Achieve | -cut -C | T50 | 0.0 | | |
| Rationale for Attendance Expenses paid by: | SBDM □ PD | □ Spec Ed □ K | ETS Other (I | MUST Specif | V) FUK | NUZ | |
| Estimated Expenses: | | | | | | | |
| Registration Lodg | See policy | | eage Airfa per mile | | stitute) per day | Other | Fotal Est. Expenses |
| Principal Signature: Prior Superintendent Ap Approved[Reason | proval: lot Approved | Sup | Grant/A | admin: | Required if Ex | penses are Pai | by Grant Funds S 24 24 Date |
| | The state of the s | TO | AVEL EVDL | -VICE RE | IMBLIK | SENIENI | KEUUFSI |
| original required rec *** Per Board Policy 03.125 Date # Miles | eipts and signatur | 111 | AVEL EXPE mbursements MUS Meals | | within thirty (3 Other Expenses | 30) daγs of the | |
| original required rec *** Per Board Policy 03.125 | eipts and signatur and 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | T be submitted | within thirty (3 Other Expenses | 30) daγs of the | travel return date.*** |
| original required rec *** Per Board Policy 03.125 | eipts and signatur and 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | T be submitted | within thirty (3 Other Expenses | 30) daγs of the | travel return date.*** |
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| *** Per Board Policy 03.125 Date # Miles | eipts and signatur and 03.225: "Out-or Charge @ \$.46 | f-District Travel Rei | Meals Meals | Amount | within thirty (S | 30) days of the s anation | travel return date.*** |
| original required rec *** Per Board Policy 03.125 | eipts and signatur and 03.225: "Out-or Charge @ \$.46 at all expenses incluty Schools in the caursement from the | f-District Travel Rei Lodging ded in the above stapacity of official b Simpson County Bo | Meals Meals atement were incursiness; that they are ard of Education; a | Amount rred by an are proper nd that all | within thirty (S | sement Due | travel return date.*** |
| Affidavit: I hereby certify the employee of Simpson Councharges qualifying for reimb | eipts and signatur and 03.225: "Out-or Charge @ \$.46 at all expenses incluty Schools in the caursement from the | f-District Travel Rei Lodging ded in the above stapacity of official b Simpson County Bo | Meals Meals atement were incursiness; that they are ard of Education; a | Amount rred by an are proper and that all | Reimburs | sement Due | travel return date.*** |



| Employee Name | rel Evan | | Date S | ubmitted | 5/23/24 | |
|---|---|---|--|-------------------------|---|--|
| School/Work Site | 645 ET | E | | | | |
| Name of Meeting/Confere | nce FFA | 272 | | | | |
| Date(s) of Meeting/Confer | ence 6-24 | -28-20d | Departur | e Time <u>80</u> | o Am Return Tin | ne 1:00 PM |
| Place of Meeting/Conferen | | | | | | |
| Rationale for Attendance_ | Student | Achierment | -CTS | 0 | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. | |
| Expenses paid by: | BDM 🗆 PD 🗆 Si | pec Ed | G □ Other (MI | JST Specify) <u>k</u> | eruns | |
| Estimated Expenses: | | | | | | |
| Registration Lodgin 150 Principal Signature: Prior Superintendent Appr V Approved Notes Reason | See policy on bounds oval: Approved | | | Red | | 3/0— id by Grant Funds S 29 24 Date |
| *** Per Board Policy 03.125 an Date # Miles | d 03.225: "Out-of-Dist Charge @ \$.46 | trict Travel Reimbu | Meals | | nin thirty (30) days of the er Expenses Explanation | e travel return date.*** Total |
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| Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs | Schools in the capacitement from the Simp | ty of official busine son County Board | ess; that they are of Education; and | proper that all | Reimbursement Due | |
| employee of Simpson County | Schools in the capacitement from the Simp | ty of official busine son County Board | ess; that they are of Education; and | proper that all | Reimbursement Due | |
| employee of Simpson County charges qualifying for reimburs data furnished here within is true. | Schools in the capacitement from the Simp | ty of official busine son County Board | ess; that they are of Education; and | proper that all | tral Office Use: | |
| employee of Simpson County charges qualifying for reimburs | Schools in the capacitement from the Simp | ty of official busine son County Board | ess; that they are of Education; and ge. | proper that all Cent | tral Office Use: | The state of the s |



| Shirt Assessment for the person with the person with | Their courses with the course | | | | | |
|--|--|--|--|-----------------------|---------------------------|---|
| Employee Name <u></u> | el Euras | | Date Sub | mitted | 3/23/24 | |
| School/Work Site | ACTE 1 | FSHS C | TE | , | | |
| | 1/1/1 | - F | | | | |
| Date(s) of Meeting/Confer | ence <u>7/8-11</u> | | Departure | Time 8.0 | Return Ti | me <u>2: <i>BO P</i></u> |
| Name of Meeting/Conference Date(s) of Meeting/Conference Place of Meeting/Conference | nce <u>Gal+ H</u> | ouse Hot. | el, Louis | sville | | |
| Dationals for Attendance | Pr. Fessin | and Vav. | | | | |
| Expenses paid by: \square S | BDM □ PD □ S _F | pec Ed | ☐ Other (MUS | T Specify) <u>i</u> | CEIMINS | |
| Estimated Expenses: | | | | | | |
| Registration Lodgin Principal Signature: Prior Superintendent Appr | See policy on ba | | ī | Substitu \$100 per | day | Total Est. Expenses \$\frac{4}{288.80}\$ aid by Grant Funds |
| ApprovedNo | | | + Sh | | | 5/29/24 |
| Reason | | Superinte | endent Signatur | e | | Date |
| Date # Miles | Charge @ \$.46 | Lodging | Meals | Amount | r Expenses Explanation | Total |
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| Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburdata furnished here within is tr | Schools in the capacit sement from the Simp | ty of official business son County Board of | s; that they are po Education; and th | roper lat all | Reimbursement Du | e |
| 11 | | 3 | 1/23/24 | Milk, mar's d | | |
| Employee Signature | | | Date | Codi | ng | , , , , , , , , , , , , , , , , , , , |
| . , 3 | | | | 50 | | |
| Supervisor Signature | | | Date | CFO | Approval | |

Superintendent for PRIOR ACPROVAL
Complete ALL items on top half of form
Attach Meeting Registration Form

| Employee Name 🗾 | -vel E | Vans | Dat | e Submitte | d | 25/24 | |
|--|--|--|---|--------------------------------------|----------------------------------|---|--------------------------|
| School/Work Site | =5H5 C | LTE | | | | | |
| Name of Meeting/Conf | erence | ETE S. | ell Engi | ncs U | 101K5 | hop | |
| Name of Meeting/Conf Date(s) of Meeting/Cor | ference <u>7/</u> | 16-18/24 | Depai | ture Time | 6:00 A | M Return Tir | ne 6:30 PM |
| Place of Meeting/Confe | rence Muss | ay State | | | | | |
| | Pr. Car | 1. 1. 0. | clopment | | 0. | 1230 | |
| Expenses paid by: | SBDM □ PD | □ Spec Ed □ k | ETS Other | (MUST Spec | cify) The | (KINS | |
| Estimated Expenses: | | | | | | | |
| Registration Loc | 00 | | eage Airf per mile | | u bstitute 100 per day | Other | Total Est. Expenses |
| Representation of the con- | see por | 194 | mi | | , | | \$89.24 |
| | | \$8 | 9.24 | | 1 | /// | 1 |
| Principal Signature: | 1 | | Grant/ | Admin: | Required | if Expenses are Pa | aid by Grant Funds |
| Prior Superintendent A | / / | | 1 | 0/1 | 0 | | 5/20/24 |
| | Not Approved | | erintendent Sig | nature | | | Date |
| | | 5up | | | | | |
| Sakını Lihis serincerin original required re | a-15 abd 40-18 (abd 11-18) | IK | AVELEXP | FINDE K | FIINID | JRSEMEN | INEQUEST |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | | | irty (30) days of th enses | |
| *** Per Board Policy 03.12 Date # Miles | and 03.225: "Out | -of-District Travel Rei | | | ed within th Other Exp | irty (30) days of th | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 | 5 and 03.225: "Out Charge @ | -of-District Travel Rei | mbursements MU | ST be submitt | ed within th Other Exp | irty (30) days of th enses | e travel return date.*** |
| *** Per Board Policy 03.12 Date # Miles | 5 and 03.225: "Out Charge @ \$.46 | Lodging | Meals | Amoun | ed within th Other Exp | irty (30) days of th enses | Total |
| *** Per Board Policy 03.12 | Charge @ \$.46 Stand 03.225: "Out Charge @ \$.46 Stand 03.225: "Out Charge @ \$.46 | Lodging Lodging Cluded in the above st capacity of official by the Simpson County Bo | Meals Meals atement were incusiness; that they ard of Education; | Amoun Amoun urred by an are proper | ed within th Other Exp | irty (30) days of th enses Explanation | Total |
| Date # Miles Date # Miles Affidavit: I hereby certify the employee of Simpson Councharges qualifying for reimin data furnished here within its series. | Charge @ \$.46 Stand 03.225: "Out Charge @ \$.46 Stand 03.225: "Out Charge @ \$.46 | Lodging Lodging Cluded in the above st capacity of official by the Simpson County Bo | Meals Meals Attement were incusiness; that they ard of Education; wledge. | Amoun Amoun urred by an are proper | ed within th Other Exp | irty (30) days of the enses Explanation bursement Due | Total |
| Date # Miles Date # Miles Affidavit: I hereby certify themployee of Simpson Councharges qualifying for reiminations. | Charge @ \$.46 Stand 03.225: "Out Charge @ \$.46 Stand 03.225: "Out Charge @ \$.46 | Lodging Lodging Cluded in the above st capacity of official by the Simpson County Bo | Meals Meals atement were incusiness; that they ard of Education; | Amoun Amoun urred by an are proper | Reim Central C | irty (30) days of the enses Explanation bursement Due | Total |

| Employee Name Andrea | Finch | | _Date Submitted | 05/29/2024 | |
|--|---|---|---|---|-------------------------------|
| School/Work Site P5/^5 | | | | s | |
| Name of Meeting/Conference | Joshus R | en; sonce | | | |
| Date(s) of Meeting/Conference | July 15- | <u> </u> | eparture Time_ | 7:000 Return Time | e 8:00pm |
| Place of Meeting/Conference | Ollando F | プレ | | | |
| Rationale for Attendance 5 a | hool cline | its cultie | , | 1\4.0 | |
| Expenses paid by: | □ PD □ Spec E | d □ KETS 🗹 O | ther (MUST Spec | ify) MUD | |
| Estimated Expenses: | | | | | |
| Registration Lodging | Meals See policy on back** | Mileage \$0.46 per mile | | u bstitute Other T 00 per day | otal Est. Expenses |
| \$ 595 \$ 597 | \$180 | | | | |
| Principal Signature: | luce | | rant/Admin: | | |
| Principal Signature: Prior Superintendent Approval: | | 0 | ant/Aumin | Required if Expenses are Paid | by Grant Funds |
| Approved Not App | roved | 1 | Stal | | 4/3/24 |
| Reason | | Superintender | nt Signature | | Date |
| ur/alm | | | | | |
| Submit this section upon return original required receipts and | | TRAVEL E | XPENSE R | EIMBURSEMENT | REQUEST |
| THE RESERVE TO SERVE THE PARTY OF THE PARTY | | | | | |
| *** Per Board Policy 03.125 and 03.2 | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | ravel Reimbursemen | s MUST be submitte | | travel return date.*** |
| THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO | rge @ | | | Other Expenses | travel return date.*** Total |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles Cha | rge @ | | s | Other Expenses | |
| Date # Miles \$ Affidavit: I hereby certify that all expe | rge @ Lodg | above statement we | Amoun Amoun | Other Expenses | |
| Affidavit: I hereby certify that all expeemployee of Simpson County Schools charges qualifying for reimbursement | enses included in the s in the capacity of a from the Simpson C | above statement we official business; that | Amoun re incurred by an they are proper | Other Expenses t Explanation Reimbursement Due | |
| Date # Miles \$ Affidavit: I hereby certify that all expendingly employee of Simpson County School: | enses included in the s in the capacity of a from the Simpson C | above statement we official business; that | Amoun re incurred by an they are proper | Other Expenses t Explanation | |
| Affidavit: I hereby certify that all expeemployee of Simpson County Schools charges qualifying for reimbursement | enses included in the s in the capacity of a from the Simpson C | above statement we official business; that | Amoun re incurred by an they are proper | Other Expenses t Explanation Reimbursement Due | |
| Affidavit: I hereby certify that all expeemployee of Simpson County Schools charges qualifying for reimbursement | enses included in the s in the capacity of a from the Simpson C | above statement we official business; that | re incurred by an they are proper ation; and that all | Other Expenses t Explanation Reimbursement Due | |
| Affidavit: I hereby certify that all expeemployee of Simpson County School: charges qualifying for reimbursement data furnished here within is true and | enses included in the s in the capacity of a from the Simpson C | above statement we official business; that ounty Board of Educating my knowledge. | re incurred by an they are proper ation; and that all | Central Office Use: | |

| Employee Name Robin | n Hollings | worth Dar | e Submitted | | |
|--|--|--|-------------------|---|-----------------------------|
| - 1 1/1/ L Cit- / DM | munityE | ducation | | | |
| Name of Meeting/Conferer | nce Blanket & | 19 2024-20. | 25 | | |
| Date(s) of Meeting/Confere | | Depa | rture Time | Return Time | |
| Place of Meeting/Conferen | ce | 1 | Α. | | |
| Place of Meeting/Conference Rationale for Attendance | Travel relan | red to auti | es as C | E Director | |
| Expenses paid by: | BDM 🗆 PD 🗆 Spec E | Ed KETS Other | (MUST Specify) | | |
| Estimated Expenses: | | | | | R |
| Registration Lodging | Meals See policy on back* | Mileage Air \$0.46 per mile | fare Substi | | otal Est. Expenses |
| Principal Signature: Prior Superintendent Appro Approved Not Reason | oval: Approved | Grant, Superintendent Sig | M | equired if Expenses are Paid | by Grant Funds 6/12/24 Date |
| Submit this section upon re original required receip *** Per Board Policy 03.125 and Date # Miles | ts and signatures. 1 03.225: "Out-of-District 1 | | ST be submitted w | MBURSEMENT ithin thirty (30) days of the the Expenses Explanation | |
| | | | | | |
| Affidavit: I hereby certify that a | Il expenses included in the | e above statement were inc | urred by an | Reimbursement Due | |
| employee of Simpson County S charges qualifying for reimburse data furnished here within is tru | Schools in the capacity of ement from the Simpson (| official business; that they County Board of Education; of my knowledge. | and that all | ntral Office Use: | : |
| Employee Signature | | Date | Co | ding | |
| | | | | | |

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

| | W v | | | |
|--|--|---|--|--------------------------------|
| Employee Name Lon Hond | Dat Dat | e Submitted | 5.24.24 | |
| School/Work Site 565 FR | | | | |
| Name of Meeting/Conference | | | | |
| Date(s) of Meeting/Conference | 7-12-04 Depa | ture Time | Return Time | W 17 |
| Place of Meeting/Conference NWtht | m Ky Conven | | | NAT BIND |
| Rationale for Attendance Victory | | 12 | ference | Conving |
| Expenses paid by: SBDM PD | Spec Ed □ KETS □ Other | | SES FIRC | - 12 4 |
| Estimated Expenses: | 1002/04-580- | 129 | | |
| Registration Lodging Meals See policy on | | are Subst | | otal Est. Expenses |
| 1140 | Duck Control of the C | | | |
| CIROCO | | | MILL | |
| Principal Signature: | Grant/ | Admin: | Required if Expenses are Paid I | by Grant Funds |
| Prior Superintendent Approval: Approved Not Approved | | $\ll 11$ | | 1.10/2 |
| Reason | Superintendent Sig | nature | | Date |
| | | | | |
| Submit this section upon returning, include original required receipts and signatures. | IKAVELEXP | ENSE REI | MBURSEMENT | REQUEST |
| | | | ithin thinky /20\ days of the to | |
| *** Per Board Policy 03.125 and 03.225: "Out-of-D | | | vithin thirty (30) days of the transfer Expenses | |
| Per Board Policy 03.125 and 03.225: "Out-of-Di Date # Miles Charge @ \$.46 | istrict Travel Reimbursements MU Lodging Meals | | | ravel return date.*** Total |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | ther Expenses | |
| Date # Miles Charge @ | | Ot | Explanation | |
| Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses included | Lodging Meals I in the above statement were income | Amount urred by an | ther Expenses | |
| Date # Miles Charge @ \$.46 | Lodging Meals I in the above statement were incity of official business; that they pson County Board of Education; | Amount urred by an are proper and that all | Explanation | |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim | Lodging Meals I in the above statement were incity of official business; that they pson County Board of Education; | Amount urred by an are proper and that all | Explanation Explanation Reimbursement Due | |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the | Lodging Meals I in the above statement were incity of official business; that they pson County Board of Education; best of my knowledge. | Amount arred by an are proper and that all | Explanation Explanation Reimbursement Due | |
| Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capac charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the | Lodging Meals I in the above statement were incity of official business; that they pson County Board of Education; best of my knowledge. | Amount arred by an are proper and that all | Reimbursement Due | |

| Employee Name <u>UE TONSOR</u> | Date Submitted 5-24-24 |
|--|--|
| School/Work Site 565 FCC | |
| Name of Meeting/Conference Ren 0154 | ance |
| Date(s) of Meeting/Conference $7 - 14 - 7$ | Peparture TimeReturn Time |
| Place of Meeting/Conference Orlando | |
| Rationale for Attendance | culture conference |
| Expenses paid by: 🔲 SBDM 🔲 PD 🔲 Spec | c Ed KETS Other (MUST Specify) 565 FRC |
| Estimated Expenses: | 1002104-0580-129 |
| Registration Lodging Meals See policy on back* | Mileage Airfare Substitute Other Total Est. Expenses * \$0.46 per mile \$100 per day |
| Principal Signature: Principal Signature: Prior Superintendent Approval: | Grant/Admin: Required if Expenses are Paid by Grant Funds |
| Approved Not Approved | J- Class 4 124 |
| Reason | Superintendent Signature Date |
| original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District | TRAVEL EXPENSE REIMBURSEMENT REQUEST |
| Charge @ | t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses Idging Meals Amount Explanation Total |
| Date # Miles Charge @ Lo | Other Expenses Total |
| Date # Miles Charge @ Lo | Other Expenses Amount Explanation Total |
| Date # Miles Charge @ Lo | Meals Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper a County Board of Education; and that all |
| Date # Miles \$.46 Lo \$.46 Affidavit: hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson | Meals Amount Explanation Total Amount Explanation Total Reimbursement Due of official business; that they are proper a County Board of Education; and that all |

| Employee Name Del | Ana Is | slas | Date | Submitte | d 5/22 | 124 | |
|--|---|---|---|--------------|--------------------------------|--|------------------------|
| School/Work Site FSH | S) | | | | | | |
| Name of Meeting/Confere | ence Ky | CTE Sur | nmer Pr | ag rai | <u> </u> | | |
| Date(s) of Meeting/Confer | rence | sly 8-11, | 2024_Depart | ture Time | Tam | Return Tim | e lom |
| Place of Meeting/Confere | nce <u>Galt</u> | House 1 | Sy CTE | Lo | usuill | e Ky | · |
| Rationale for Attendance | LTE F | <u> </u> | | | | · T. | |
| Expenses paid by: | BDM PD C | I Spec Ed □ K | ETS 🗹 Other (| MUST Spe | cify) <u>Per</u> | KINS | |
| Estimated Expenses: | | | | | | | |
| Registration Lodgir | See policy | | eage Airfa per mile | | ubstitute 100 per day | Other Parking 8 | 304.20 |
| Principal Signature:Prior Superintendent Appr ApprovedNo Reason | roval: | Sup | Grant/A | The | Required if | Expenses are Pai | d by Grant Funds |
| The document of the document o | | Jup | erintendent sign | | | | |
| Submit this section upon a original required recei | | | AVEL EXPE | ENSE R | EIMBU | RSEMENT | REQUEST |
| | | | | | | . (20) dour of the | |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of- | District Travel Rei | mbursements MUS | | | THE RESERVE OF THE PARTY OF THE | travel return date.*** |
| | | | | | ed within thirt Other Expen | THE RESERVE OF THE PARTY OF THE | |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| *** Per Board Policy 03.125 ar | nd 03.225: "Out-of Charge @ | District Travel Rei | mbursements MUS | T be submitt | ed within thirt Other Expen | ses | travel return date.*** |
| Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County | charge @ \$.46 \$.46 | Lodging Lodging led in the above stocity of official bi | Meals Meals atement were incursiness; that they a | Amour Amour | Other Expen | ses | travel return date.*** |
| Date # Miles Date # Miles | charge @ \$.46 \$.46 all expenses include Schools in the capses in the Sement from the Sement | Lodging Lodging led in the above struction of official britings of country Bo | Meals Meals atement were incursiness; that they are ard of Education; a | Amour Amour | Other Expen | ses splanation ursement Due | travel return date.*** |
| Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburs | charge @ \$.46 \$.46 all expenses include Schools in the capses in the Sement from the Sement | Lodging Lodging led in the above struction of official britings of country Bo | Meals Meals atement were incursiness; that they are ard of Education; a | Amour Amour | Other Expen | ses splanation ursement Due | travel return date.*** |

| | Bons | Tare | Dat | - Cubmitta | 4 | 5/9 | 124 |
|--|---|---|--|------------------------|--------------------------|---------------------------|----------------------------------|
| Employee Name School/Work Site | T. VI. | SINES | Hal S | e Submitte | u | 3 / / | <u> </u> |
| School/Work Site Name of Meeting/Co | Franklin | - 31m/30 | 1. 1. 1 | Canter | | | |
| Name of Meeting/Cor Date(s) of Meeting/Co | nference | 10 -7 12 | 74 | tura Tima | 8:000 | Poturn Tie | ma 10:00 0 m |
| Date(s) of Meeting/Co | onference | 18 - 112 | Depar | ture Time | 0.000 | Ca la | 0 1 |
| Place of Meeting/Con Rationale for Attenda | ference | Orlando | , FL | Orang | <u>e Co,</u> | CONVINE | in Center |
| Rationale for Attenda | nce5t~ | dents com | peting in | event | 4 Sup | 1R | |
| Expenses paid by: | □ SBDM □ PD | ☐ Spec Ed ☐ | KETS Li Other | (MUST Spe | city) TTC | 71 () | |
| Estimated Expenses: | | | | | | | |
| Registration L | See pol | | ileage Airf 6 per mile | | ubstitute 100 per day | Other | Total Est. Expenses |
| 41 | 7 | | | | | | , |
| Principal Signature: _ | 1/1 | | Grant/ | Admin: <u>F</u> | BCA- | if Evnonces are D | aid by Grant Funds |
| Prior Superintendent | // | | 1 | /// | Kequirea | ii expenses are ra | 1 1 1 |
| Approved | Not Approved | | | SM | _ | | 5/6/24 |
| Reason | | Su | perin tendent Sig | nature | | | , Date |
| | receipts and signat | ures. | and the second of second | St. A. H. Sternber, A. | | | T REQUEST |
| *** Per Board Policy 03.3 | THE RESERVE AND ADDRESS. | t-of-District Travel R | eimbursements MU | ST be submit | | | ne travel return date.*** |
| Date # Mile | Charge @ | Lodging | Meals | ST be submitt Amour | Other Expe | | ne travel return date.*** Total |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| | Charge @ | | d Ebi (to) te tu | | Other Expe | enses | 1, 4 () a la la maria |
| Date # Mile | Charge @ \$.46 | Lodging | Meals | Amour | Other Expe | enses | Total |
| Date # Mile Affidavit: I hereby certify employee of Simpson Co | Charge @ \$.46 that all expenses incounty Schools in the | Lodging cluded in the above capacity of official | Meals statement were inclusiness; that they | Amour | Other Expe | enses Explanation | Total |
| Date # Mile | that all expenses incounty Schools in the mbursement from the | Lodging cluded in the above capacity of official ne Simpson County | statement were inc business; that they | Amour | Other Expent | enses Explanation | Total |
| Affidavit: I hereby certify employee of Simpson Cocharges qualifying for rei | that all expenses incounty Schools in the mbursement from the | Lodging cluded in the above capacity of official ne Simpson County | statement were inc business; that they | Amour | Other Expent | Explanation bursement Du | Total |

| Employee Na | ame Shu | ia KESSLE | m | Date | e Submitted | 4 6/ | 10/24 | |
|---|---|--|--|---|-------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| | k Site FSI | | | | | | | |
| Name of Me | eting/Confere | ence KASA | | | | | (ab.) | 131 |
| Date(s) of M | eeting/Confe | rence July | 24-26 | Depar | ture Time _ | 12:00 4 | (7/2-7) Return Ti | me_1:00 Am (7/2 |
| Place of Mee | eting/Confere | nce Louisvi | us, ky (G | PART HOUSE |) | | | |
| Rationale for | r Attendance | PD/GU | A this | | | | | |
| Expenses pa | id by: 🔲 S | SBDM PD | ☐ Spec Ed ☐ K | ETS DOther (| MUST Spec | ify) <u>Fr</u> | HSA | |
| Estimated Ex | | | | | | | | |
| Registratio | n Lodgii | See policy | | eage Airfo | | ubstitute 100 per day | Other | F250.20 |
| Approv | ntendent App | Approved | Sup | Grant// | Shl | Require | ed if Expenses are F | Paid by Grant Funds Caluf Date |
| | | | | | | | | IT REQUEST |
| | | pts and signatur nd 03.225: "Out-o Charge @ \$.46 | CO. | | | ed within t Other Ex | | he travel return date.*** Total |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| *** Per Board | Policy 03.125 a | nd 03.225: "Out-o Charge @ | f-District Travel Rei | mbursements MUS | ST be submitte | ed within t Other Ex | penses | |
| Date Affidavit: I heremployee of scharges qualif | # Miles # Wiles reby certify that Simpson County ying for reimbur | charge @ \$.46 s.46 all expenses inclused Schools in the cases | f-District Travel Rei | Meals Meals Attenuent were incursiness; that they hard of Education; as | Amoun Arred by an are proper | Other Ex | penses | Total |
| Date Affidavit: I heremployee of scharges qualif | # Miles # Miles reby certify that Simpson County rying for reimbur there within is to | charge @ \$.46 s.46 all expenses inclused Schools in the cases | Lodging Lodging ded in the above stapacity of official b Simpson County Bo | Meals Meals Attenuent were incursiness; that they hard of Education; as | Amoun Arred by an are proper | Other Ex | penses Explanation nbursement Du | Total |

| Employee Name | _Brigitte Klibur | n | | Date Subi | nitted | 5-14-24 | |
|--|--|---|--|---|---------------|-------------------------|-------------------------------|
| School/Work Site | _FSHS | | | | | | |
| Name of Meeting/Conference | ence <u>CTE Sum</u> | mer Conference | | | | | |
| Date(s) of Meeting/Confe | rence7-1 | l1-24 | Depart | ure Time_6a | m | Return Tim | ie <u>9pm</u> |
| Place of Meeting/Confere | nce <u>Galt Hou</u> | se Louisville KY | | | | | |
| Rationale for Attendance | | | | | | | |
| Expenses paid by: | BDM 🗆 PD | □ Spec Ed □ KI | ETS DOther | (MUST Specif | v) Her | KINS | |
| Estimated Expenses: | | | l | | 32 | | |
| Principal Signature: Prior Superintendent Approved Reason | \$45 st Approved | \$125 | er mile | \$10 | per day | | S / 10 / 24 Date |
| | | | | | | | |
| Submit this section upon original required recei | | es. IRA | , | | | | T REQUEST |
| *** Per Board Policy 03.125 at | nd 03.225: "Out-o | f-District Travel Rein | nbursements MUS | ST be submitted | within thirty | / (30) days of the | travel return date.*** |
| Per Board Policy 03.125 at | Charge @ | f-District Travel Rein Lodging | nbursements MUS Meals | | Other Expen | ses | travel return date.*** Total |
| | | | | | Other Expen | | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ | | | | Other Expen | ses | |
| | Charge @ \$.46 \$.all expenses inclu Schools in the casement from the | Lodging ded in the above stapacity of official bu Simpson County Boa | Meals atement were inclusiness; that they ard of Education; a | Amount urred by an are proper and that all | Other Expen | planation ursement Due | Total |
| Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur | Charge @ \$.46 \$.all expenses inclu Schools in the casement from the | Lodging ded in the above stapacity of official bu Simpson County Boa | Meals atement were inclusiness; that they ard of Education; a | Amount urred by an are proper and that all | Reimbu | planation ursement Due | Total |
| Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur | Charge @ \$.46 \$.all expenses inclu Schools in the casement from the | Lodging ded in the above stapacity of official bu Simpson County Boa | Meals atement were inclusiness; that they ard of Education; a | Amount urred by an are proper and that all | Reimbu | planation ursement Due | Total |

| Employee Name Makayla Kright Date Submitted | 05/29/2024 |
|---|--|
| School/Work Site Fs ms | |
| Name of Meeting/Conference 105tons Registere | |
| Date(s) of Meeting/Conference Thy 15-18 Departure Time_ | 3'.00 m Return Time 8'.00 m |
| Place of Meeting/Conference Orndo PL Rationale for Attendance School Climate culture | |
| Rationale for Attendance School Climate Culture | |
| Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec | ify) <u>HUB</u> |
| Estimated Expenses: | |
| Registration Loughis means | abstitute Other Total Est. Expenses OO per day |
| Deall land County Admin. | |
| Principal Signature: Grant/Admin: Prior Superintendent Approval: | Required if Expenses are Paid by Grant Funds |
| Approved Not Approved Reason Superintendent Signature | Date |
| | |
| Oliginal feduced receipts and signotales. | EIMBURSEMENT REQUEST |
| | |
| *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted | |
| Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted Date # Miles Charge @ Lodging Meals Amoun | Other Expenses Total |
| Date # Miles Charge @ Lodging Meals | Other Expenses Total |
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| Date # Miles \$.46 Lodging Meals Amoun 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 | Other Expenses Total |
| Date # Miles \$.46 Lodging Meals Amoun 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 | Other Expenses t Explanation Total Reimbursement Due |
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