

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 Melanie Abney Date Submitted 5/15/24
 School/Work Site Franklin-Simpson High School
 Name of Meeting/Conference CTE Conference
 Date(s) of Meeting/Conference 7/8 - 7/11 Departure Time 8:00 am Return Time 6:00 pm
 Place of Meeting/Conference The Galt House, Louisville, KY
 Rationale for Attendance Professional Development
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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
—	—	\$180 ⁰⁰	\$123.09	—	—	Parking \$20.00	\$423.09

Principal Signature: _____ Grant/Admin: Brigitte Pelt
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH Date 5/29/24

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

Central Office Use:

Coding

CFO Approval

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

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 Bobby Bell Date Submitted 6/6/24
 School/Work Site Simpson Co. Pupil Transportation
 Name of Meeting/Conference Jr BETA Nationals Trip
 Date(s) of Meeting/Conference 6/9 - 6/13/24 Departure Time 6/9 8:00 AM Return Time 6/13 12:00 AM
 Place of Meeting/Conference SAVANNAH, Georgia
 Rationale for Attendance Jr Beta Nationals Trip
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Jr. BETA

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
—	—	\$ 205. ⁰⁰	—	—	—	—	\$ 205. ⁰⁰

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 6/11/24

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	
6/9/24				\$25.00		Depart 8:00 AM	\$ 25.00
6/10/24				\$45.00			\$ 45.00
6/11/24				\$45.00			\$ 45.00
6/12/24				\$45.00			\$ 45.00
6/13/24				\$45.00		Return 12:00 AM	\$ 45.00
							Reimbursement Due \$ 205. ⁰⁰

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.

Employee Signature [Signature] Date 6/6/24
 Supervisor Signature [Signature] Date 6/6/24

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 Craig Deik Date Submitted 6/6/24
 School/Work Site Simpson Co. Pupil Transportation
 Name of Meeting/Conference Ky Assoc. Pupil Transportation
 Date(s) of Meeting/Conference 6/17 - 6/19/24 Departure Time 6/17 - 7:00 AM Return Time 6/19 - 5:00 PM
 Place of Meeting/Conference Corvette Museum - Bowling Green, KY.
 Rationale for Attendance KAPT Conference
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Transportation

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
-	-	-	.46 x 3 83.6	-	-	-	

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 6/11/24

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	
6/17/24		26.8	53.6 x .46 =	24.66			\$ 24.66
		26.8					
6/18/24		26.8	53.6 x .46 =	24.66			\$ 24.66
		26.8					
6/19/24		26.8	53.6 x .46 =	24.66			\$ 24.66
		26.8					
Reimbursement Due							\$ 73.98

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.

Employee Signature Craig Deik Date 6/6/24
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Samuel Evans Date Submitted 5/23/24
 School/Work Site State FFA Convention FSA/CTE
 Name of Meeting/Conference State FFA Convention
 Date(s) of Meeting/Conference 6/3-7/24 Departure Time 8:20 AM Return Time 4:00 PM
 Place of Meeting/Conference Rupp Arena - Lexington, Ky
 Rationale for Attendance Student Achievement - CTSO
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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
	530	160					690

Principal Signature: _____ Grant/Admin: Buyholt
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 5/29/24

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

Submit this form to the 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 Sanel Evans Date Submitted 5/23/24
 School/Work Site FSHS CTE
 Name of Meeting/Conference FFA LTC
 Date(s) of Meeting/Conference 6-24-28-2024 Departure Time 8:00 AM Return Time 1:00 PM
 Place of Meeting/Conference FFA Leadership Training Center
 Rationale for Attendance Student Achievement -CTSO
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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
150		160-					310-

Principal Signature: _____ Grant/Admin: Bugher
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 5/29/24

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 or
Superintendent for PRIOR APPROVAL.
Complete ALL items on top half of form
Attach Meeting Registration Form.

Employee Name Samuel Evans Date Submitted 5/23/24
 School/Work Site FSHS CTE
 Name of Meeting/Conference ~~KATE~~ Small Engines Workshop
 Date(s) of Meeting/Conference 7/16-18/24 Departure Time 6:00 AM Return Time 6:30 PM
 Place of Meeting/Conference Murray State
 Rationale for Attendance Professional Development
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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>194 mi</u> <u>\$89.24</u>				<u>\$89.24</u>

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J. Shu Date 5/29/24

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 _____

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 Andrea Finch Date Submitted 05/29/2024
 School/Work Site FSMS
 Name of Meeting/Conference Taglins Renaissance
 Date(s) of Meeting/Conference July 15-18 Departure Time 3:00am Return Time 8:00pm
 Place of Meeting/Conference Orlando, FL
 Rationale for Attendance school climate culture
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) MUB

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
\$ 595	\$ 597	\$ 180					

Principal Signature:  Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature  Date 6/3/24

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.


 Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

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 Robin Hollingsworth Date Submitted _____
 School/Work Site Community Education
 Name of Meeting/Conference Blanket for 2024-2025
 Date(s) of Meeting/Conference _____ Departure Time _____ Return Time _____
 Place of Meeting/Conference _____
 Rationale for Attendance Travel related to duties as CE Director
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

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

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 6/12/24

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.

[Signature]
 Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Reimbursement Due

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 Lori Honshell Date Submitted 5-24-24
 School/Work Site SES FRC
 Name of Meeting/Conference VPV
 Date(s) of Meeting/Conference 7-9-7-12-24 Departure Time _____ Return Time _____
 Place of Meeting/Conference Northern Ky Convention Center 1W River Center Blvd
 Rationale for Attendance Victory Violence State Conference Conjunct. Ky
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES FRC
 Estimated Expenses: 1002104-580-129

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
		140					

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] 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	

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 [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 Loei Honshell Date Submitted 5-24-24
 School/Work Site SES FRC
 Name of Meeting/Conference Renaissance
 Date(s) of Meeting/Conference 7-14-7-18-24 Departure Time _____ Return Time _____
 Place of Meeting/Conference Orlando FL 6001 Destination Pkwy
 Rationale for Attendance Climate-culture Conference
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) SES FRC
 Estimated Expenses: 1002104-0580-129

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>\$ 300</u>					

Principal Signature: [Signature] Grant/Admin: [Signature]
Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] 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	

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 [Signature] Date _____

Central Office Use:

Coding _____

EFO 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 Bryan Jones Date Submitted 5/9/24
 School/Work Site Franklin-Simpson High School
 Name of Meeting/Conference FBLA National Conference
 Date(s) of Meeting/Conference 6/28 - 7/3/24 Departure Time 8:00 am Return Time 10:00 pm
 Place of Meeting/Conference Orlando, FL @ Orange Co. Convention Center
 Rationale for Attendance Students competing in event + supervision
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) HUB

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
\$ 100	—	\$ 230	—	—	—	—	\$ 330

Principal Signature: _____ Grant/Admin: FBCA
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 5/10/24

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

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 Samwa Kessler Date Submitted 6/10/24
 School/Work Site FSHS
 Name of Meeting/Conference KASH
 Date(s) of Meeting/Conference July 24-26 Departure Time 12:00 PM (7/24) Return Time 1:00 AM (7/26)
 Place of Meeting/Conference LOUISVILLE, KY (GALT HOUSE)
 Rationale for Attendance PD/EUA hrs
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FISHS

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
/	-	\$80	$185 \times 2 = 370$ $\times .46$ $\$170.20$	-	-	-	\$250.20

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH Date 6/11/24

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

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 Brigitte Killburn Date Submitted 5-14-24

School/Work Site FSHS

Name of Meeting/Conference CTE Summer Conference

Date(s) of Meeting/Conference 7-11-24 Departure Time 6am Return Time 9pm

Place of Meeting/Conference Galt House Louisville KY

Rationale for Attendance Required State CTE Meeting

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Perkins

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
		\$45	\$125				\$170

Principal Signature: [Signature] Grant/Admin: [Signature]

Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds

Approved Not Approved... Reason: _____

Superintendent Signature [Signature] Date 5/16/24

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

