Employee Name (1)	Kumm	ls .	Da	te Submitted			
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Principal Signature:			Grant	/Admin:			
Prior Superintendent Appr			1	11	Required	if Expenses are Pai	d by Grant Funds
Approved No	t Approved			SM			6/8/29
Reason		\$	uperintendent Sig	gnature			Date
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Employee Name Polocit M	c day o Date Submitte	od 05/29/2024
School/Work Site PS/NS		
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Date(s) of Meeting/Conference	Departure Time	3:00m Return Time 8:00 Pm
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Place of Meeting/Conference Oslando FV Rationale for Attendance Solved Climate C	. 14.00	
Rationale for Attendance	111111111111111111111111111111111111111	MIR
Expenses paid by: SBDM PD Spec Ed KE	TS MOther (MUST Spe	city)
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\$595 \$597 \$180		
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Principal Signature: Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	H9M	6/3/24
	rintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures.	VEL EXPENSE F	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reim	bursements MUST be submit	ted within thirty (30) days of the travel return date.***
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Employee Name MILL	McInto	Date Submit	ted 24.24	
School/Work Site C. O	•			
Name of Meeting/Conference	KASA DE	sign Team	1	
Name of Meeting/Conference Date(s) of Meeting/Conference	Jun 10-11, 2	2924 Departure Tim	e <u>9:30</u> Return T	ime <u>61982 m</u>
Place of Meeting/Conference _	Galt H	ruse Low	isuille	
Rationale for Attendance Re	present So	US		
Expenses paid by: SBDM	□ PD □ Spec Ed □	KETS 💆 Other (MUST Sp	pecify) KASA	
Estimated Expenses:				
Registration Lodging		leage Airfare per mile	Substitute Other \$100 per day	Total Est. Expenses
Principal Signature:Prior Superintendent Approval: Not App		Grant/Admin: _	Required if Expenses are F	Paid by Grant Funds
Reason	Sur	perintendent Signature		Date
Submit this section upon return	positioning virial states	IVINEL EADENIER	DEILVISTIBLEVIEV	IT DEPAILED
Date # Miles	ia signatures.	Meals Amo	oitted within thirty (30) days of t Other Expenses	
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Milli McIntosh

From:

Lisa Ducker < lisa@kasa.org> on behalf of Lisa Ducker

Sent:

Monday, May 20, 2024 10:38 AM

То:

Milli McIntosh

Subject:

KASA Design Team

Dear Milli,

KASA strives to stay on the cutting edge of leadership development to better serve our members as they grow and lead. As part of that effort, we are undertaking a new design team model for several of our signature events. The design team will be comprised of leaders who have been recommended by their superintendent or who have served in a KASA leadership position in the past. You were designated as one of those leaders!

We ask that all design team members commit to the following:

- 1. Serve a two-year term, effective June 10, 2024 through June 30, 2026
- 2. Attend the first in-person design meeting June 10-11, 2024 at the Galt House in Louisville
- 3. Attend follow-up virtual meetings
- 4. Review all planning documents prior to the first in-person planning meeting
- 5. Fully engage in the process and attend the events that you will be designing

KASA will provide travel reimbursement and lodging, along with six hours of EILA credit.

In closing, please respond to Dr. Kathy Fields by email by May 21. Once you confirm your participation, we will follow-up with the agenda for the June 10-11 meeting.

I look forward to serving alongside of you in this important work.

Sincerely,

Kathy Fields

Rhonda Caldwell, Ed.D.

Director of Leadership Development

Chief Executive Officer

kathy@kasa.org

rhonda@kasa.org



a Aintenation of the Aintenation	OUT-OF-DISTRICT TRAVEL AUTHORIZATION	
Employee Name April McNaugl	1tonDate Submitted	
School/Work Site &TC		
TOSE	Shotitute	
Data(s) of Meeting/Conference Supt 8	- 10, 2024 Departure Time 1.00 Return Time 3.00 P	771
at the sting (Conference Mall King)	I Luington Griffin Gate Levengton	
Pationale for Attendance Quector &	Special Education meeting	42
Expenses paid by: SBDM PD S	Spec Ed KETS Other (MUST Specify) RTC	
Estimated Expenses:	Dahan Takal Feb Evron	cac
Registration Lodging Meals See policy on 1	G100 parday	562
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	Grant/Admin:	
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds	1.
Approved Not Approved	6/12/29	<u></u>
Reason	Superintendent Signature Date	2
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Date # Miles \$.46	Lodging Ivieats Amount Explanation	MARK
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School/Work Site FSUS OF RM 4	Date Submitted	
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Place of Meeting/Conference	1 a l O	_
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Principal Signature:	Grant/Admin:	
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Approved Not Approved	5/11/2	24
Reason	Superintendent Signature / Date	:
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	Date Submitted 05/29/20/24
Employee Name Derrok Per School/Work Site FSMS	
Name of Meeting/Conference	Resisance
Date(s) of Meeting/Conference July	15 - 16 Departure Time 3:00 am Return Time 8:00 pm
Place of Marting/Conference D/103	b PL
Rationale for Attendance	climate inthre
Expenses paid by: SBDM PD E	□ Spec Ed □ KETS ☑ Other (MUST Specify) ☐ ☐ ☐ B
Estimated Expenses:	
Registration Lodging Measure See policy of See 180	on back* \$0.46 per mile \$100 per day
Principal Signature: Prior Superintendent Approval: Not Approved Reason Not Approved	Grant/Admin: Required if Expenses are Paid by Grant Funds Superintendent Signature Date
original required receipts and signature *** Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.46	TRAVEL EXPENSE REIMBURSEMENT REQUEST ADistrict Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Amount Explanation Total
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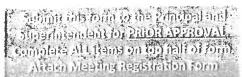
Employee Name Abigail Phillips Date Submitted _5/23/24	
School/Work Site FSMS CTE	
Name of Meeting/Conference KY FFA State Convention	I DA A
Date(s) of Meeting/Conference 63-66 Departure Time Return Time	IPIVI
Place of Meeting/Conference Rupp Arena-Lexington, KY	
Rationale for Attendance Student Acheivement - CTSO	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify)	5
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare Substitute Other Total See policy on back* \$0.46 per mile \$100 per day	Est. Expenses
	90
B -16.1	
Principal Signature: Grant/Admin: Required if Expenses are Paid by G	Grant Funds
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ReasonSuperintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures. TRAVEL EXPENSE REIMBURSEMENT RI	
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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	

Employee Name	gail Ph	illips	Date	e Submitted	5/2	3/24	
School/Work Site FSH	AS CTE	•					
Name of Meeting/Confere	ence	10/00			QAW		21044
Date(s) of Meeting/Confe	rence 6/24	- 4/26				Return Ti	me ZPV
Place of Meeting/Confere	nce FFA	Leader	ship Tro	Rining	CON	nter	
Rationale for Attendance						Dock	o K
Expenses paid by:	BDM 🗆 PD 🗆	Spec Ed 🗆 K	ETS Other (MUST Spec	ify)	PORK.	US
Estimated Expenses:							
Registration Lodgir	ng Mea See policy o		eage Airfa per mile		u bstitute .00 per day	Other	Total Est. Expenses
150	160						310
Principal Signature:	the		Grant/A	Admin:	5	The	
Prior Superintendent Appl	oval:		1_	00	Required	if Expenses are P	aid by Grant Funds
ApprovedNo	t Approved	_	28	h			5 29 24
Reason		Supe	erintendent Sign	nature			Date
Submit this section upon original required recei	pts and signature	S. IR					IT REQUEST
				T be submitt	Other Exp		
Date # Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Exp		he travel return date.*** Total
	Charge @				Other Exp	enses	
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SIMPSON COUNTY SCHOOLS **OUT-OF-DISTRICT TRAVEL AUTHORIZATION**

6/22/211

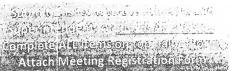
Employee Name Abigail Phillips	Date Submitte	d 5/23/24	
School/Work Site FSHS CTE			
Name of Meeting/Conference KACTE			0 101 4
Date(s) of Meeting/Conference	Departure Time		2PM
Place of Meeting/Conference Galt House	10tel, Loui	sville	
Rationale for Attendance professional pr	everopmen	I Park of	
Expenses paid by:	S Other (MUST Spe	cify) TH KINS	
Estimated Expenses:			
Registration Lodging Meals Mileag See policy on back* \$0.46 per in		iubstitute Other Total I 100 per day	Est. Expenses
1100 280		\$29	88.80
\$128.0	60	8 /11	
Principal Signature:	Grant/Admin: 💋	Required if Expenses are Paid by Gr	rant Funds
Prior Superintendent Approval	1001	Overdance in Expenses are 1 and by or	1 1 1
ApprovedNot Approved	ntendent Signature	5	Date
Reason Superir	ntendent Signature		Dute
Submit this section upon returning. Include any original required receipts and signatures.	VEL EXPENSE R	REIMBURSEMENT RE	QUEST
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Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbu	Meals	Other Expenses	return date.***
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Employee Name	eena Se	arcy	Date	e Submitted _	5 22	24
School/Work Site	ISHS	V				
Name of Meeting/Confer	ence FB	LA leade	iship Devi	elopmen	Camp	
Date(s) of Meeting/Confe	erence	4-6	Depar	ture Time	AM Retu	rn Time 3PM
Place of Meeting/Confere	^		g, KY			- Alexander
Rationale for Attendance		sion of			ors / 2 1	region ville
Expenses paid by:	SBDM □ PD	□ Spec Ed □	KETS	MUST Specify)	-n/a	
Estimated Expenses:					16	
Registration Lodgi	ng Me See policy		leage Airfa per mile	are Subst		r Total Est. Expenses
Principal Signature: Prior Superintendent App	//		Grant/		Required if Expenses	are Paid by Grant Funds
Approved N		<u> </u>	10	M		
Reason		Sup	perintendent Sigr	nature 	,	Date
Submit this section upor original required rece	\$15.60s 7802335 (000s) ABURE (000s) Section 5	ENGERGRAPHICAL STREET	AVFI FXPI	FNSE REI	MBURSEN	IENT REQUEST
		AND DESCRIPTION OF THE PARTY OF		T be submitted v		s of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Re	imbursements MUS	T be submitted v	vithin thirty (30) day ther Expenses	s of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Re	imbursements MUS	T be submitted v	vithin thirty (30) day ther Expenses	s of the travel return date.*** Total
*** Per Board Policy 03.125 a	nd 03.225: "Out-o	f-District Travel Re	imbursements MUS	T be submitted v	vithin thirty (30) day ther Expenses	s of the travel return date.*** Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County	charge @ \$.46 shade all expenses included schools in the call.	Lodging Lodging ded in the above spacity of official to	Meals Meals tatement were incurations, that they a	Amount rred by an are proper	vithin thirty (30) day ther Expenses	Total
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is t	charge @ \$.46 s.46 all expenses include Schools in the carsement from the Strue and correct to the structure and correct to	ded in the above spacity of official to the best of my known to the country Bothe best of my known to the best of my known to	Meals Meals tatement were incurrence incurrence in the position of the posit	Amount rred by an are proper nd that all	vithin thirty (30) day ther Expenses Explanatio	Total Total at Due
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is t	charge @ \$.46 s.46 all expenses include Schools in the carsement from the Schools	ded in the above spacity of official to the best of my known to the country Bothe best of my known to the best of my known to	tatement were incurusiness; that they apard of Education; a wledge.	Amount rred by an are proper nd that all	Reimbursemen	Total Total at Due
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is t	charge @ \$.46 s.46 all expenses include Schools in the carsement from the Strue and correct to the structure and correct to	ded in the above spacity of official to the best of my known to the country Bothe best of my known to the best of my known to	Meals Meals tatement were incurrence incurrence in the position of the posit	Amount rred by an are proper nd that all	rithin thirty (30) day ther Expenses Explanatio	Total Total at Due

Subjuit this form to the Principal and Superintendent for <u>Prior APPROVAL</u>. Complete AL Rems on too half of form. Areign Meading Registration form

Employee Name Sheena Searcy Date Submitt	ed 5 22 24
School/Work Site FSHS	
Name of Meeting/Conference FBLA Board Meef	na
Date(s) of Meeting/Conference July 7-8 Departure Time	Return Time 7 PM
Place of Meeting/Conference GAH House - Lousville	v,ky
Rationale for Attendance rearred attendance	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Sp	ecify) Perkins
Estimated Expenses:	•
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
- 157 Ego van regrester -	Parking 247°°
Principal Signature: Grant/Admin:	
Prior Superintendent Approval	Required if European are Paid by Coast Funde
ApprovedNot Approved	and a
Reason Superintendent Signature	an is vision b
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 sub Date # Miles	burned tricellers. This will be street This will be street The state of the state of the street The state of the
	D. J. L. Warrens D. L.
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	Reimbursement Due
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.	Central Office Use:
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	The state of the second of the state of



	eeting Registra							
Employee N	ame	y Shock	lex	Dat	e Submitted	5/23/8	14	
	k Site	0 -110	CTE					
-	eting/Confere	111	CTE					
Date(s) of M	leeting/Confe	rence 7/8	? - //	Depar	ture Time 🔏	Ret	turn Time <u>á</u>	:PM
Place of Med	eting/Confere	nce <u>Gar</u>	4 Hase	Hotel.	Lovisu	ille Kg		
Rationale fo	r Attendance	PD.				000/	/ :-	
Expenses pa	id by: 🗆 S	BDM 🗆 PD	□ Spec Ed □ k	(ETS D Other (MUST Spec	fy) PERK	1105	-
Estimated Ex	xpenses:							
Registratio	on Lodgir		on back* \$0.46 0 //9	eage Airfa per mile , 60 mules	\$1	bstitute Oth		Est. Expenses
Principal Sig		of the state of th		Grant/	Admin:	Required if Expens	es are Paid by G	rant Funds
	ntendent Approved			4	Shh	0	_	129/24
Reason	veube	т Арргочес	Sup	erintendent Sigi	nature		3	Date
		g, r		AVEL EXP	ENSE RI	EINARITRSEN	MENT RE	OUEST
		od 03 225: "Out-o	Add to the factory					
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei		ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	
		nd 03.225: "Out-o	Add to the factory	mbursements MUS		d within thirty (30) d	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MUS	ST be submitte	d within thirty (30) d Other Expenses	ays of the trave	return date.***
*** Per Board Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Rei	Meals Meals	Amount	d within thirty (30) do	ion	return date.***
*** Per Board Date Affidavit: I heremployee of 1	# Miles # Certify that Simpson County	charge @ \$.46 \$.46	ded in the above stapacity of official b	Meals Meals atement were incursiness; that they	Amount Amount	d within thirty (30) d Other Expenses	ion	return date.***
*** Per Board Date Affidavit: I heremployee of scharges qualif	# Miles # Wiles reby certify that Simpson County ving for reimbur	charge @ \$.46 all expenses incluschools in the casement from the	ded in the above stapacity of official b Simpson County Bothe best of my know	Meals Meals Attement were incursiness; that they hard of Education; and wledge.	Amount Amount	d within thirty (30) do	ion	return date.***
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*** Per Board Date Affidavit: I heremployee of scharges qualif	# Miles # Wiles reby certify that Simpson County ving for reimbur	charge @ \$.46 all expenses incluschools in the casement from the	ded in the above stapacity of official b Simpson County Bothe best of my know	Meals Meals Attement were incursiness; that they hard of Education; and wledge.	Amount Amount	Other Expenses Explanat	ion	return date.***

Employee Name	Departure Time Convention Center, Spec Ed KETS Other (MUST Spec Mileage Airfare	Return Time
95.00	22.08	117.08
Principal Signature: Prior Superintendent Approval: Not Approved	Grant/Admin:	Required if Expenses are Paid by Grant Funds
Reason	Supe rintende nt Signature	Date
Submit this section upon returning. Include a original required receipts and signatures.		REIMBURSEMENT REQUEST tted within thirty (30) days of the travel return date.***
Date # Miles Charge @ \$.46	Lodging Meals Amou	Other Expenses Total
Affidavit: I hereby certify that all expenses included	I in the above statement were incurred by an	Reimbursement Due
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	pson County Board of Education; and that all	
Employee Signature	Date	Coding

Employee Name Sala Tucker	Date Submitted $05/20/2024$
School/Work Site F5M5	
Name of Meeting/Conference Jostans Renisonce	
Date(s) of Meeting/Conference July 15-18	_Departure Time _3'.00amReturn Time _8'.00p m
Place of Meeting/Conference Orlando FL	
Rationale for Attendance School alinet culture	
Expenses paid by:	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals See policy on back* \$0.46 per mile \$ 595 \$ 597 \$ 180	Airfare Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Ance for	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval: Approved Not Approved	12/2
	dent Signature Date
original required receipts and signatures.	EXPENSE REIMBURSEMENT REQUEST
	ents MUST be submitted within thirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursen Date # Miles Charge @ Lodging M	Other Expenses
Date # Miles Charge @ Lodging M	Other Expenses Total
Date #Miles Charge @ Lodging M	Other Expenses Total
Date # Miles Charge @ Lodging M	Other Expenses Total
Date # Miles Charge @ Lodging M	Other Expenses Total
Date # Miles Charge @ Lodging M	Other Expenses Total
Date # Miles Charge @ Lodging M	Other Expenses Total
Date # Miles Charge @ Lodging M	Other Expenses Total
Date # Miles Charge @ Lodging M	Other Expenses Total
Date # Miles \$.46 Lodging M Affidavit: I hereby certify that all expenses included in the above statement	Other Expenses Earls Amount Explanation Total Were incurred by an Reimbursement Due
Date # Miles \$.46 Lodging M Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business;	Other Expenses Amount Explanation Total Were incurred by an hat they are proper
Date # Miles \$.46 Lodging M Affidavit: I hereby certify that all expenses included in the above statement	Other Expenses Amount Explanation Total Were incurred by an hat they are proper
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; charges qualifying for reimbursement from the Simpson County Board of Education County Board of Educa	Other Expenses Amount Explanation Total Were incurred by an hat they are proper ucation; and that all
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; charges qualifying for reimbursement from the Simpson County Board of Eddata furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Total Were incurred by an hat they are proper ucation; and that all
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; charges qualifying for reimbursement from the Simpson County Board of Eddata furnished here within is true and correct to the best of my knowledge.	Other Expenses Eals Amount Explanation Total Were incurred by an hat they are proper ucation; and that all Central Office Use:

Employee Name DYAN B. WIL	HITE Date Submitted	5-15-24
School/Work Site FSHS / CTE	Rm 3	
Name of Meeting/Conference	8 - JULY 11 (CTE S	
Date(s) of Meeting/Conference July	8 - JULY I Departure Time	::00 AM Return Time 6:00 PM
Place of Meeting/Conference LOUISVI	LLE, KY (THE GA	LT HOUSE)
Rationale for Attendance PROFESSION	VAL DEVELOPMENT	***************************************
Expenses paid by:	oec Ed □ KETS 10ther (MUST Specif	y) PERKINS
Estimated Expenses:	("	
Registration Lodging Meals See policy on ba		oper day PARVING \$120.80 100 100 100 100 100 100 100
Principal Signature: Prior Superintendent Approva.	Gialit/Adillili	Required if Expenses are Paid by Grant Funds
Approved Approved	1-8h	5/17/24
Reason	Superintendent Signature	Date
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-Dist Date # Miles Charge @ \$.46		within thirty (30) days of the travel return date.*** Other Expenses Explanation Total
		Deinshurrement Due
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the b	y of official business; that they are proper son County Board of Education; and that all	Reimbursement Due Central Office Use:
employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simps data furnished here within is true and correct to the b	ry of official business; that they are proper son County Board of Education; and that all lest of my knowledge.	Central Office Use:
employee of Simpson County Schools in the capacit charges qualifying for reimbursement from the Simps	cy of official business; that they are proper son County Board of Education; and that all est of my knowledge.	