

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Estimated Expenses:

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

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

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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 ~~Robert Madrigal~~ Robert Madrigal Date Submitted 05/29/2024

School/Work Site FSMS

Name of Meeting/Conference Jostons Renaissance

Date(s) of Meeting/Conference July 15-16 Departure Time 3:00pm 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) 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
\$595	\$597	\$180					

Principal Signature: [Signature] Grant/Admin: _____

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

Approved Not Approved... [Signature] 6/3/24

Reason _____ Superintendent Signature _____ Date _____

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

[Signature] 5/29/24
Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name MILLI Mcintosh Date Submitted 6/4.24
 School/Work Site C.O.
 Name of Meeting/Conference KASA Design Team
 Date(s) of Meeting/Conference Jun 10-11, 2024 Departure Time 9:00 am Return Time 6:00 pm
 Place of Meeting/Conference Galt House Louisville
 Rationale for Attendance Represent SCS
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) KASA

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 6/5/24

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	
Reimbursement Due							

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[Signature] Date 6.9.24
 Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Milli McIntosh

From: Lisa Ducker <lisa@kasa.org> on behalf of Lisa Ducker
Sent: Monday, May 20, 2024 10:38 AM
To: 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

Director of Leadership Development

kathy@kasa.org

Rhonda Caldwell, Ed.D.

Chief Executive Officer

rhonda@kasa.org

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 Allie Meador Date Submitted 5-15-24

School/Work Site FSMS OTE RM 4

Name of Meeting/Conference OTE Summer Conference

Date(s) of Meeting/Conference July 9-11 Departure Time 9:00 AM Return Time 6:00 PM

Place of Meeting/Conference Grant House, Louisville KY

Rationale for Attendance Program Update + PD

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 120.08	423.09

Principal Signature: _____ Grant/Admin: [Signature]

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

Approved Not Approved... 5/17/24
Date

Reason _____ Superintendent Signature _____

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 Derrok Perdue Date Submitted 05/29/2024
 School/Work Site FSMS
 Name of Meeting/Conference Joshua 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) 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
\$595	\$597	\$180					

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

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Reimbursement Due

[Signature]
 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 Abigail Phillips Date Submitted 5/23/24
 School/Work Site FSHS CTE
 Name of Meeting/Conference KACTE
 Date(s) of Meeting/Conference 7/7-7/11 Departure Time 8AM Return Time 2PM
 Place of Meeting/Conference Galt House Hotel, Louisville
 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
		160	280 \$128.80				\$288.80

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

Abigail Phillips 5/23/24
 Employee Signature Date

 Supervisor Signature Date

Reimbursement Due

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 Sheena Searcy Date Submitted 5/22/24
 School/Work Site FSHS
 Name of Meeting/Conference FBLA Leadership Development Camp
 Date(s) of Meeting/Conference 6/4-6 Departure Time 8AM Return Time 3PM
 Place of Meeting/Conference Hardinsburg, KY
 Rationale for Attendance Supervision of 7 local officers / 2 region officer
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) n/a

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>van requested</u>	—	—	—	<u>Q</u>

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

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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Employee Signature Sheena Searcy 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 Sheena Searcy Date Submitted 5/22/24
 School/Work Site FHS
 Name of Meeting/Conference FBLA Board Meeting
 Date(s) of Meeting/Conference July 7-8 Departure Time 8 AM Return Time 7 PM
 Place of Meeting/Conference Galt House - Louisville, KY
 Rationale for Attendance required attendance
 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
—	157	\$60	van requested	—	—	parking 30	247 ⁰⁰

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature]

Required if Expenses are Paid by Grant Funds

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

TRAVEL EXPENSE

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be sub

Date	# Miles	Charge @ \$.46	Lodging	Meals	Am

If an overnight is not required the room will be cancelled. This will become expense free.
 Thanks
 SS

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

Sheena Searcy _____ Date _____
 Employee Signature
 _____ Date _____
 Supervisor Signature

Central Office Use:

 Coding

 CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jay Shockley Date Submitted 5/23/24
 School/Work Site FHS CTE
 Name of Meeting/Conference KACTE
 Date(s) of Meeting/Conference 7/8 - 11 Departure Time 8AM Return Time 2:PM
 Place of Meeting/Conference Galt Hase Hotel Louisville KY
 Rationale for Attendance PD
 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
	0	\$160	119.60 <small>260 miles</small>			\$20.00 <small>PARKING</small>	\$299.60

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due

[Signature] Employee Signature 5/23/24 Date
 _____ Date
 _____ Date
 _____ Date

Central Office Use:

 Coding

 CFO Approval

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SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jane Ross Date Submitted 6-4-24
 School/Work Site CO
 Name of Meeting/Conference KOSAA Summer Conference
 Date(s) of Meeting/Conference July 19, 2024 Departure Time _____ Return Time _____
 Place of Meeting/Conference Sloan Convention Center, Bowling Green, KY

Rationale for Attendance _____

Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) DD11075

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
95.00			22.08				117.08

Principal Signature: _____ Grant/Admin: _____
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

Approved Not Approved...

Reason _____ Superintendent Signature [Signature] Date _____

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	
Reimbursement Due							

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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 Sala Tucker Date Submitted 05/29/2024
 School/Work Site FSMS
 Name of Meeting/Conference Johns 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) 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
\$ 595	\$ 597	\$ 180					

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

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

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

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
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 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name DYAN B. WILHITE Date Submitted 5-15-24
 School/Work Site FSHS / CTE Rm 3
 Name of Meeting/Conference JULY 8 - JULY 11 (CTE SUMMER CONF)
 Date(s) of Meeting/Conference JULY 8 - JULY 11 Departure Time 8:00 AM Return Time 6:00 PM
 Place of Meeting/Conference LOUISVILLE, KY (THE GALT HOUSE)
 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 \$120.00	423.09

Principal Signature: [Signature] Grant/Admin: Brigitte Pul
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature: [Signature] Date: 5/17/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	
Reimbursement Due							

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 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

Coding

CFO Approval