1/01		Submitted		
Employee Name Kuly Baker School/Work Site				
Name of Meeting/Conference KASA				
Date(s) of Meeting/Conference 7/24/24 - 7/20	5/24 Depart	ure Time_6:	ooReturn Tim	ne 4:00
Place of Meeting/Conference Galt House	Louisille, KY			ж.
Rationale for Attendance Leadership Arma			<u></u>	
Expenses paid by: 🔲 SBDM 🗖 PD 🔲 Spec Ed	☐ KETS ☐ Other (N	/IUST Specify) _	/Q	
Estimated Expenses:				
1.0 B	Mileage Airfar 0.46 per mile	re Substitu \$100 per		Total Est. Expenses
	1.76			1015.54
Principal Signature: Prior Superintendent Approval: Not Approved	Grant/A		uired if Expenses are Pai	d bγ Grant Funds
Reason	Superintendent Signa	ature		Date
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$.46	Reimbursements MUST Meals		in thirty (30) days of the r Expenses Explanation	travel return date.*** Total
Affidavit: I hereby certify that all expenses included in the above	ve statement were incur	ied by all	Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offici charges qualifying for reimbursement from the Simpson Count data furnished here within is true and correct to the best of my	al business; that they ar y Board of Education; an	re proper nd that all	Reimbursement Due	
employee of Simpson County Schools in the capacity of offici charges qualifying for reimbursement from the Simpson Count	al business; that they ar y Board of Education; an	re proper nd that all	ral Office Use:	

A - A - O - N -		
Employee Name Amanda Bills	Date Submitted	
School/Work Site F5 H5		
Name of Meeting/Conference CTES	mer (inference	
Date(s) of Meeting/Conference $\frac{7/8-7/i}{}$	Departure Time 10.00 am Return Time 3.50 p	m
Place of Meeting/Conference _ Coalt House		
Rationale for Attendance Post-Secondar	Ready lipdotes Sies. ms	
Expenses paid by: SBDM PD Spec Ed	Ready lipdotes Sessions CTE Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expens \$0.46 per mile \$100 per day	ses
N/A N/A \$ (20.00)	125.12 Republy \$335.17	<u>'</u>
Principal Signature:	Grant/Admin:	
Prior Superintendent Approvat:	Required if Expenses are Paid by Grant Funds	1
Approved Not Approved	8/2 6/18/3	<u>L</u>
Reason	Superintendent Signature Date	=
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUES	
Charge @	ovel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses	
Date # Miles \$.46 Lodgir	ng Meals Total Explanation	
Affidavit: I hereby certify that all expenses included in the a	bove statement were incurred by an Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the capacity of the	fficial business; that they are proper	
Affidavit: I hereby certify that all expenses included in the a employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of n	fficial business; that they are proper unty Board of Education; and that all	
employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of n	fficial business; that they are proper unty Board of Education; and that all my knowledge. Central Office Use:	
employee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County	fficial business; that they are proper unty Board of Education; and that all	

Employee Na	ame C'A	Raig DelK		Dat	e Submitted	7/2/24	
		moson Co. T					
Name of Me	eting/Confe	erence <u>KASA</u>	Conferen	cı.			
Date(s) of M	eeting/Con	ference <u> </u>	- 7/26/2	4 Depar	ture Time _	<u>7/24/24</u> Return Tin ८:∞ Ay n	ne <u>7/26/24</u>
Place of Mee	eting/Confe	rence <u>Gal+ Ho</u>	use - l	houisirlle,	KY	G:09 AM	4:00 pm
Rationale fo	r Attendanc	e <u>heodersk</u>	Conferme				
Expenses pa	id by: □	SBDM PD	Spec Ed 🛚	KETS Other ((MUST Speci	fy)	
Estimated Ex	rpenses:						
Registratio Principal Sign	४ ५५५. nature:	, 100,	on back* \$0.46			Destitute Other of per day Required if Expenses are Pa	Total Est. Expenses id by Grant Funds
Approv	ved	Not Approved			SM		
Reason			Su	perintendent Sigi	nature		Date
		ceipts and signature				IMBURSEMEN'	
						d within thirty (30) days of the Other Expenses	
*** Per Board	# Miles	Charge @ \$.46	District Travel R	Meals	ST be submitte	d within thirty (30) days of the Other Expenses	e travel return date.**
*** Per Board	Policy 03.125	Charge @ \$.46	District Travel R	Meals Weals	ST be submitte	d within thirty (30) days of the Other Expenses	e travel return date.**
*** Per Board	# Miles	Charge @ \$.46	District Travel R	Meals 40.	ST be submitte	d within thirty (30) days of the Other Expenses	e travel return date.**
*** Per Board Date 7/24/24 7/25/24	# Miles	Charge @ \$.46	District Travel R	Meals Weals	ST be submitte	d within thirty (30) days of the Other Expenses	Total Total 102.
### Per Board Date 7/24/24 7/25/24 7/26/24 Affidavit: I her employee of S	# Miles # Miles 13.5 L3.5 reby certify the simpson Coun	tat all expenses including Schools in the cap	Lodging Lodging ed in the above pacity of official	Meals Yo. 40. 20. Statement were incubusiness; that they	Amount Arred by an are proper	d within thirty (30) days of the Other Expenses	Total * 102 * 40.00 * 82.10
Per Board Date 7/24/24 7/25/24 7/26/24 Affidavit: I her employee of Scharges qualifications	# Miles # Miles 13.5 13.5 reby certify the simpson Countying for reimb	\$ and 03.225: "Out-of- Charge @ \$.46 \$ \(\frac{10}{2} \)	Lodging Lodging ed in the above acity of official mpson County B	Meals 40. 40. 40. 20. Statement were incubusiness; that they toard of Education; a	Amount Arred by an are proper and that all	d within thirty (30) days of the Other Expenses Explanation	Total * 102. 10 * 40.00 * 82.10
Date 7/24/24 7/25/24 7/26/24 Affidavit: I her employee of Scharges qualify data furnished	# Miles # Miles 13.5 13.5 reby certify the simpson Countying for reimble there within is	tall expenses including Schools in the capturement from the Si	Lodging Lodging ed in the above acity of official mpson County B	Meals 40. 40. 40. 20. Statement were incubusiness; that they toard of Education; a	Amount arred by an are proper and that all	Other Expenses Explanation Reimbursement Due	Total * 102. 10 * 40.00 * 82.10
Per Board Date 7/24/24 7/25/24 7/26/24 Affidavit: I her employee of Scharges qualifications	# Miles # Miles 13.5 13.5 reby certify the simpson Countying for reimble there within is	charge @ \$.46 \$.46 \$.20 \$.46 \$.20 \$.46 \$.46	Lodging Lodging ed in the above acity of official mpson County B	Meals Weals Weals Wo. Wo. Wo. Wo. Wo. Wo. Wo. Wo	Amount arred by an are proper and that all	Other Expenses Explanation Reimbursement Due Central Office Use:	Total * 102. 10 * 40.00 * 82.10



	-		ney	Date S	Submitted	6/18/24	
	k Site FSH	ence KASA					
			4 - 26, 2024	Departu	re Time	Return Tir	ne
		ence Louisvil					
Rationale fo	r Attendance	Leadershi	p Conference				
Expenses pa	id by:	SBDM □ PD	□ Spec Ed □ K	ETS Other (M	UST Specify)		
Estimated E	xpenses:						
Registratio	on Lodgi	i ng Me See policy	on back* \$0.46 p	er mile	Subst \$100 p	t itute Other er day	Total Est. Expenses
		\$120	0.00 \$130			0	\$250.64
Principal Sig	nature:	A		Grant/Ad	min: KAJA	Milling	W.
	ntendent App	/ 1 /		1	, ,	Required if Expenses are Pa	id by Grant Funds
Appro	ved /N	ot Approved	<	15/	<u> </u>		
Reason			Supe	erintendent Signa	ture		Date
*** Per Board Date	# Miles	ond 03.225: "Out-of Charge @ \$.46	-District Travel Rein Lodging	mbursements MUST I	The second secon	vithin thirty (30) days of the ther Expenses Explanation	Total
Affidavit: I be	reby certify that	all expenses include	ded in the above sta	atement were incurre	ed by an	Reimbursement Due	!
employee of	Simpson County	Schools in the ca	pacity of official bu	isiness; that they are ard of Education; and	proper		
			the best of my know			ntral Office Use:	
Employee S							
	ignature			Date	Co	oding	

	ed 7-1-24
School/Work Site CO	·
Name of Meeting/Conference July 24-a6, 2024	(1010)
Date(s) of Meeting/Conference July 24-26, 2024 Departure Time	6:00 Return Time 4-00
Place of Meeting/Conference <u>KASA</u>	
Rationale for Attendance <u>Annual Conference</u>	
Expenses paid by: \square SBDM \square PD \square Spec Ed \square KETS \square Other (MUST Spec	cify) <u>7Q</u>
Estimated Expenses:	
Registration Loughig means	Substitute Other Total Est. Expenses
399 - 444. 78 100.00 112.24	1056.02
	Statis & W
Principal Signature: Grant/Admin: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	_
Reason Superintendent Signature	Date
01151112112211221	REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submit	ted within thirty (30) days of the travel return date.*** Other Expenses
Date # Miles Charge @ Lodging Meals Amou	Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an	Reimbursement Due
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	Reimbursement Due
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:
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 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 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. **T-1-24** **T-1	Central Office Use:

Employee Name Jaxon Grove	
School/Work Site FSM 5	
Name of Meeting/Conference <u>LASA</u>	
Date(s) of Meeting/Conference	26-28 Departure Time 6:00 AM Return Time 6:00 PM
	suille, Ky Galt House
Rationale for Attendance Polesion	al Development
Expenses paid by:	c Ed 🗆 KETS 🗹 Other (MUST Specify)
Estimated Expenses:	
Principal Signature: Prior Superintendent Approval: Approved Not Approved Reason	Mileage Airfare Substitute Other Total Est. Expenses \$100 per day ## 124.04 Grant/Admin: Required if Expenses are Paid by Grant Funds 7 9 24 Superintendent Signature Date
	TRAVEL EXPENSE REIMBURSEMENT REQUEST
Charge @	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Amount Explanation Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	ct Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46 Lo Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity	Other Expenses Odging Meals Amount Explanation Total the above statement were incurred by an of official business; that they are proper
*** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46	Other Expenses Amount Explanation Total the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all
*** Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46 Lo Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Other Expenses Amount Explanation Total the above statement were incurred by an of official business; that they are proper n County Board of Education; and that all

		EIVE	(la lace	
Employee Name SAMUEL I	LESSIEN JUL	0 1 2024 Date Submit	tted 6/20/24	
School/Work Site FSH3				
Name of Meeting/Conference	CASA BY:			
Date(s) of Meeting/Conference	July 24-26	Departure Tim	eReturn Tin	ne
Place of Meeting/Conference	1			
Rationale for Attendance Land	ERSHIP, PD/GUA		the state of the s	
Expenses paid by:	IPD Spec Ed K	TS Other (MUST Sp	pecify) <u>1Q</u>	
Estimated Expenses:				
Registration Lodging	Meats Mile	1 mile	Substitute Other	Total Est. Expenses
	\$ 80 15/x2 6/38	392 -		\$218,92
Principal Signature:		Grant/Admin: _	Shelisme	1
Prior Superintendent Approval:		100	Required if Expenses are Pa	id by Grant Funds
Approved Not Appro		7 Why		6/20/24
Reason	Supe	rintendent Signature		Date
Submit this section upon returning	g. Include any	MEL EVBENCE	REIMBURSEMEN'	TRALIFET
original required receipts and s	ignatures.			
original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	
original required receipts and s ••• Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the	e travel return date.***
original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	e travel return date.***
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original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	e travel return date.***
original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	e travel return date.***
original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	e travel return date.***
original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	e travel return date.***
original required receipts and s *** Per Board Policy 03.125 and 03.225 Charg	ignatures. : "Out-of-District Travel Rein e @	nbursements MUST be subn	nitted within thirty (30) days of the Other Expenses	e travel return date.***
original required receipts and 03.225 Per Board Policy 03.125 and 03.225 Charg \$.4	ignatures. : "Out-of-District Travel Rein e @ Lodging 6	Meals Amo	Other Expenses ount Explanation	Total
Original required receipts and 03.225 Date # Miles \$.4 Affidavit: I hereby certify that all expensemployee of Simpson County Schools is	ignatures. : *Out-of-District Travel Rein e @ Lodging 6 Lodging ses included in the above stanthe capacity of official but	Meals Amo	Other Expenses Ount Explanation Reimbursement Due	Total
Original required receipts and 02.225 Per Board Policy 03.125 and 02.225 Date # Miles Charg \$.4 Affidavit: I hereby certify that all expensemployee of Simpson County Schools is charges qualifying for reimbursement fr	ses included in the above stan the capacity of official but om the Simpson County Board.	Meals Amo	Other Expenses Ount Explanation Reimbursement Due	Total
Original required receipts and 03.225 Date # Miles \$.4 Affidavit: I hereby certify that all expensemployee of Simpson County Schools is	ses included in the above stan the capacity of official but om the Simpson County Board.	Meals Amo	Other Expenses Ount Explanation Reimbursement Due	Total
Original required receipts and 03.225 Date # Miles Charg \$.4 Affidavit: I hereby certify that all expensemployee of Simpson County Schools is charges qualifying for reimbursement frodata furnished here within is true and control of the county services and control of the county schools is charges qualifying for reimbursement frodata furnished here within is true and control of the county services and control of the county services are control of the county services and control of the county services are control of the county services and the county services are control of the county services and the county services are control of the county services and the county services are control of the county services and the county services are control of the county services are contr	ignatures. : "Out-of-District Travel Rein e (i) Lodging Lodging ses included in the above stanthe capacity of official but om the Simpson County Boards."	Meals Amo	Other Expenses ount Explanation Reimbursement Due	Total
Original required receipts and 03.225 Date # Miles Charg \$.4 Affidavit: I hereby certify that all expensemployee of Simpson County Schools in charges qualifying for reimbursement fro data furnished here within is true and control of the county service of the cou	ses included in the above stanthe capacity of official but om the Simpson County Boarrect to the best of my know	Meals Amo	Other Expenses Ount Explanation Reimbursement Due Central Office Use: 0002118-0580-	Total
Original required receipts and 03.225 Date # Miles Charg \$.4 Affidavit: I hereby certify that all expensemployee of Simpson County Schools is charges qualifying for reimbursement frodata furnished here within is true and control of the county services and control of the county schools is charges qualifying for reimbursement frodata furnished here within is true and control of the county services and control of the county services are control of the county services and control of the county services are control of the county services and the county services are control of the county services and the county services are control of the county services and the county services are control of the county services and the county services are control of the county services are contr	ses included in the above stanthe capacity of official but om the Simpson County Boarrect to the best of my know	Meals Amo	Other Expenses Ount Explanation Reimbursement Due Central Office Use: 0002118-0580-	Total

Employee Name Shale /	MannDate Sub	mitted June 17, 2024
School/Work Site FS HS		
Name of Meeting/Conference	E Conference	
Date(s) of Meeting/Conference JUV	08- JULY 11, 2024 Departure	Time 109M Return Time 3pm
Place of Meeting/Conference	Summer Conference	Louisville, ky Galt-House /Session 5
Rationale for Attendance P65+ -	-Sundary Upaates	150551041 3
Expenses paid by:	☐ Spec Ed ☐ KETS ☐ Other (MUS	T Specify)
Estimated Expenses:		•
See pol	Meals Mileage Airfare icy on back* \$0.46 per mile 212 X.40 31 25.12	Substitute State Other Total Est. Expenses \$100 per day
Principal Signature: Prior Superintendent Approval: ApprovedNot Approved Reason	. Superintendent Signature	Required if Expenses are Paid by Grant Funds
original required receipts and signat *** Per Board Policy 03.125 and 03.225: "Out Date # Miles Charge @ \$.46	-of-District Travel Reimbursements MUST be s	Other Expenses Amount Explanation SE REIMBURSEMENT REQUEST ubmitted within thirty (30) days of the travel return date.*** Total
_		
		Reimbursement Due
employee of Simpson County Schools in the	cluded in the above statement were incurred by capacity of official business; that they are properties Simpson County Board of Education; and the to the best of my knowledge.	oper
Employee Signature	Date	Coding
Supervisor Signature	Date	CFO Approval

Manufall Sold	ς.	· // ·//				7/9/011	
		am Northe	.r~	Dat	e Submitte	ed	
School/Work	Site	VACA					
Name of Mee	eting/Confer	ence <u>KASA</u>	04 07				2000 7/26
Date(s) of Me	eeting/Confe	erence UNIN	27-26	Depar	ture Time	Noon on 7/24 Return Tim	ne 2:00 m 1/20
		ence Louisv		(Galt Hou	sx)		
	Attendance	Leadership	Institute				
Expenses pai	d by:	SBDM DPD [Spec Ed	KETS	(MUST Spe	cify)	
Estimated Ex	penses:	3					
Principal Sign Prior Superin Approv Reason	nature / Lendent App	See policy 80	on back* \$0.46 00 238 mi +11p 2	109 48	Admin:	Required if Expenses are Pai	d by Grant Funds
		ipts and signature ind 03.225: "Out-of Charge @ \$.46	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			REIMBURSEMENT ted within thirty (30) days of the Other Expenses nt Explanation	
7/24/24	//9	54.74		20	ESPAN BRANCO		74.74
7/25/24	,,,,			40			40
7/26/24	//9	54.74		20			74.74
employee of Si charges qualify data furnished	mpson County ing for reimbui here within is t	all expenses included Schools in the capersement from the Strue and correct to the	acity of official b impson County Bo	usiness; that they eard of Education; a	are proper	Reimbursement Due Central Office Use:	\$ 189. 48
Employee Sig				Date		Coding	
	gnature						
				Date		CFO Approval	1

Employee Name Billy Rom	Date	Submitted 7/1/2024	
School/Work Site Simpson	Co Temporlation Dea	setment	
Name of Maeting/Conference K	DE DRIVER TRAVER L	Jorkshop	-1.212.1
Name of Meeting/ConferenceK Date(s) of Meeting/Conference	l. R - 12 2024 Depart	ure Time 4/24 Return Time	e 2:00 m
		4.00 pm.	в чего р. т.с
Place of Meeting/Conference			
Rationale for Attendance		an open constant	
Expenses paid by: SBDM DPI	O □ Spec Ed □ KETS □ Other (I	VIUST Specify)	
Estimated Expenses:			
Registration Lodging See p	Meals Mileage Airfa policy on back* \$0.46 per mile	re Substitute Other T	otal Est. Expenses
Principal Signature:	Grant/A	dmin:	
Principal SignaturePrior Superintendent Approval:	1	Required if Expenses are Paid	d by Grant Funds
Approved Not Approved	4		
Reason		ature	Date
		The second of th	
Submit this section upon returning. Ir original required receipts and sign	atures.	NSE REIMBURSEMENT	REQUEST
	CONTRACTOR OF THE PARTY OF THE	- 1 to 1 to 1 to 1 to 1 to 1 to 1 down of the	*** data ***
*** Per Board Policy 03.125 and 03.225: "O	ut-of-District Travel Reimbursements MUS	T be submitted within thirty (30) days of the Other Expenses	
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46	ut-of-District Travel Reimbursements MUS	T be submitted within thirty (30) days of the Other Expenses Amount Explanation	travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "O Charge @	ut-of-District Travel Reimbursements MUS	Other Expenses	Total
*** Per Board Policy 03.125 and 03.225: "O Charge @	ut-of-District Travel Reimbursements MUS Lodging Meals	Other Expenses Amount Explanation	Total
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24	Lodging Meals \$\frac{\pmatrix}{20}\$	Other Expenses Amount Explanation	* 20
*** Per Board Policy 03.125 and 03.225: "O Charge @	Lodging Meals \$20 \$40	Other Expenses Amount Explanation	Total
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24	Lodging Meals Lodging #20 40 40	Other Expenses Amount Explanation	* 20 * 40
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24 7/9/24 7/10/24 7/11/24	Lodging Meals Lodging #20 #40 #40	Other Expenses Amount Explanation Leave 4:00pm (Return after 6:00	* 40 * 40 * 40 * 40
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24 7/10/24 7/11/24 7/12/24 7/12/24	Lodging Meals Lodging Meals \$20 \$40 \$40 \$40 \$40	Other Expenses Amount Explanation Leave 9 4:00pm	* 40 * 40 * 40 * 40
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24 7/10/24 7/11/24 7/12/24 Vistrict Vehicle	Lodging Meals Lodging Meals \$20 40 40 440 440 440 440	Other Explanation Leave 4:00pm (Return after 6:00 pm.)	* 40 * 40 * 40 * 40 * 40
Date # Miles Charge @ \$.46 7/7/24 7/8/24 7/10/24 7/11/24 Affidavit: I hereby certify that all expenses in the appropriate of Simpson County Schools in	Lodging Meals Lodging Meals \$20 \$40 \$40 \$40 \$40 \$40 \$40 \$40	Other Expenses Amount Explanation Leave 4:00pm (Return after 6:00 pm.) Tred by an are proper	* 40 * 40 * 40 * 40
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24 7/10/24 7/11/24 7/12/24 Affidavit: I bereby certify that all expenses in	Lodging Meals Lodging Meals 40 40 40 40 40 40 40 40 40 4	Other Expenses Amount Explanation Leave 4:00pm (Return after 6:00 pm.) Tred by an are proper	* 40 * 40 * 40 * 40 * 40
Per Board Policy 03.125 and 03.225: "O Date # Miles Charge @ \$.46 7/7/24 7/8/24 7/10/24 7/10/24 Affidavit: I hereby certify that all expenses i employee of Simpson County Schools in the charges qualifying for reimbursement from	Lodging Meals Lodging Meals 40 40 40 40 40 40 40 40 40 4	Other Expenses Amount Explanation Leave 4:00pm (Return after 6:00 pm.) Tred by an are proper and that all	* 40 * 40 * 40 * 40 * 40
Date # Miles Charge © \$.46 7/7/24 7/8/24 7/10/24 Affidavit: I hereby certify that all expenses in the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within a supplication of the charges qualifying for reimbursement from data furnished here within a supplication of the charges qualifying for reimbursement from data furnished here within a supplication of the charges qualifying for reimbursement from data furnished here within a supplication of	Lodging Meals Lodging Meals 40 40 40 40 40 40 40 40 40 4	Other Expenses Amount Explanation Leave 4:00pm (Return after 6:00 pm.) Tred by an are proper and that all	* 40 * 40 * 40 * 40 * 40
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Date # Miles Charge © \$.46 7/7/24 7/8/24 7/10/24 Affidavit: I hereby certify that all expenses in the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within as true and correct the charges qualifying for reimbursement from data furnished here within a supplication of the charges qualifying for reimbursement from data furnished here within a supplication of the charges qualifying for reimbursement from data furnished here within a supplication of the charges qualifying for reimbursement from data furnished here within a supplication of	Lodging Meals Lodging Meals 40 40 40 40 40 40 40 40 40 4	Other Expenses Amount Explanation Leave 4:00pm Refun after 6:00 p.m. Reimbursement Due Central Office Use:	* 40 * 40 * 40 * 40 * 40

Employee Name Sheline Smith Da	te Submitted
School/Work Site	
Name of Meeting/Conference KASA	
Date(s) of Meeting/Conference 7/24/24 - 7/26/24 Depa	rture Time 6:00 Return Time 4:00
Place of Meeting/Conference Galt House, Louisville, K	<u>.</u>
Rationale for Attendance Leakership Annual Conferen	
Expenses paid by:	(MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Air See policy on back* \$0.46 per mile	are Substitute Other Total Est. Expenses \$100 per day
399 444.78 100 112.24	1056.02
Principal Signature: Grant,	Admin: Shili Smith
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	\mathcal{M}
Reason Superintendent Sig	nature Date
Oliginal reduited receipts and signatures.	ENSE REIMBURSEMENT REQUEST
*** Dor Board Policy 02 125 and 03 225. "Out-of-District Travel Reimbursements MU	ST be submitted within thirty (30) days of the travel return date.***
Date # Miles Charge @ Lodging Meals	Other Expenses Other Explanation Other Explanation
Charge @	Other Expenses
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Amount Explanation Total
Date # Miles \$.46 Lodging Meals Shape Affidavit: I hereby certify that all expenses included in the above statement were included of Simpson County Schools in the capacity of official business; that they	Other Expenses Amount Explanation Total Figure 1
Date # Miles Charge @ Lodging Meals \$.46 Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were included.	Other Expenses Amount Explanation Total Figure 1
Date # Miles Charge @ Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incemployee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education; data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Total Amount Explanation Explanation Reimbursement Due are proper and that all Central Office Use:
Date # Miles \$.46 Lodging Meals Lodging Meals Lodging Meals Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incemployee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education;	Other Expenses Amount Explanation Total Amount Explanation Feliplanation Reimbursement Due are proper and that all
Date # Miles Charge @ Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incemployee of Simpson County Schools in the capacity of official business; that they charges qualifying for reimbursement from the Simpson County Board of Education; data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Total Amount Explanation Explanation Reimbursement Due are proper and that all Central Office Use:

Employee Name Jose Tucker	Date Submitt	ed 7/8/24
School/Work Site Simps El		
Name of Meeting/Conference KASA	4	
Date(s) of Meeting/Conference 7/24	- 7/26 Departure Time	7/24 Am Return Time 7/26 pm
Place of Meeting/Conference Craft	House / Louisville , Ky	
Rationale for Attendance News	information for state 1	downstration policy / issue.
Expenses paid by: SBDM SPD [Spec Ed KETS Other (MUST Spec	ecify)
Estimated Expenses:		
Registration Lodging Mea		Substitute Other Total Est. Expenses \$100 per day
See policy		PARKING
499 444.78 865	125.12	60-8 \$1208.90
Principal Signature:	Grant/Admin: _	Shely Smith
Prior Superintendent Approval:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Required if Expenses are Paid by Grant Funds
Approved Not Approved		7/9/24
Reason	Superintendent Signature	*Date
Submit this section upon returning. Includ	9 201	
original required receipts and signature		REIMBURSEMENT REQUEST
And the second s		
	-District Travel Reimbursements MUST be submit	tted within thirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.46	-District Travel Reimbursements MUST be submit Lodging Meals Amou	Other Expenses Total
Data # Miles Charge @	Lodging Meals	Other Expenses Total
Data # Miles Charge @	Lodging Meals	Other Expenses Total
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Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the cap charges qualifying for reimbursement from the S data furnished here within is true and correct to the second sec	Lodging Meals Amou	Other Expenses nt Explanation Reimbursement Due Central Office Use: