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

Employee Name Kelly Baker	Date Submitted 7-10-24
School/Work Site C/D	
Name of Meeting/Conference KUCASE SUD	inter Institute
Date(s) of Meeting/Conference 7/17 - 7/19/24	Departure Time 8:00 am Return Time 4:00 pm
2 . 0 1 10	utes, Lexington, Ky
Rationale for Attendance Dir. of Sped Com	0,
Expenses paid by: SBDM PD Spec Ed KETS KETS	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage \$0.46 per mile \$225.7 345.89 100 \$116.84	Airfare Substitute St. Expenses \$100 per day
Principal Signature:	Grant/Admin: Jhulin Jmulh
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	7/12/29
Reason Superintende	ent Signature / Date
Submit this section upon returning. Include any original required receipts and signatures.	EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme	
of ignition equilibrium and in the contract of	nts MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Charge @ Lodging Me:	nts 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 Travel Reimburseme Date # Miles Charge @ Lodging Mea	Other Expenses Amount Explanation Total
Date # Miles Charge @ Lodging Mea	Other Expenses Amount Explanation Total Pere incurred by an at they are proper
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme Date # Miles Charge @ Lodging Mea	Other Expenses Amount Explanation Total Pere incurred by an at they are proper
Date # Miles Charge @ Lodging Mea *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimburseme Charge @ Lodging Mea \$.46 **Affidavit: I hereby certify that all expenses included in the above statement we employee of Simpson County Schools in the capacity of official business; the charges qualifying for reimbursement from the Simpson County Board of Educe	Other Expenses Amount Explanation Total Pere incurred by an at they are proper cation; and that all Central Office Use:

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

Employee Name Kelly Baker	Date Subi	mitted 7-10-24	
School/Work Site CD			
Name of Meeting/Conference 2024	DOSE Instit	ute	
Date(s) of Meeting/Conference 9 924	9/10/24 Departure T	Time 8:00 Return Tim	e 4.00
Place of Meeting/Conference Marriott	h 1	te Lexington	,
Rationale for Attendance 005E 105	titute		
Expenses paid by: \square SBDM \square PD \square Spec E	d 🗆 KETS 🗅 Other (MUST	T Specify)	
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substitute Other T	196.84
Principal Signature:	Grant/Admin		
Prior Superintendent Approval:	10	Required if Expenses are Paid	d by Grant Funds
Approved Not Approved	8	fil	7/12/504
Reason	Superintendent Signature	e [*]	Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENS	E REIMBURSEMENT	REQUEST
Per Board Policy 03.125 and 03.225: "Out-of-District To Date # Miles Charge @ Lodg	ing Meals	ubmitted within thirty (30) days of the Other Expenses mount Explanation	travel return date.*** Total
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses	
Date # Miles Charge @ Lodg	ing Meals	Other Expenses mount Explanation	
Date # Miles Charge @ Lodg \$.46 Lodg Affidavit: I hereby certify that all expenses included in the a	above statement were incurred by	Other Expenses mount Explanation Reimbursement Due	
Date # Miles Charge @ Lodg	above statement were incurred by official business; that they are propunty Board of Education; and that	Other Expenses mount Explanation y an Reimbursement Due oper	
Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of ocharges qualifying for reimbursement from the Simpson County Schools in the capacity of the County Schools in	above statement were incurred by official business; that they are propunty Board of Education; and that	Other Expenses mount Explanation y an Reimbursement Due oper t all	

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete All. Items on top half of form.
Attach Weeting Registration Form

Employee Nan	ne	andy B	ills	Date	e Submitte	d	17/24	
School/Work S	Site 🔣	H)						
Name of Meet	ting/Confer	ence <u>584</u>	training	+ legal	updat	62	A .	11.2
		rence <u>8/2</u>		•		7.00	Return Tir	ne <u>4. 30pm</u>
			EC-Bou		•			
Rationale for A			widehat					
Expenses paid	by: 🗆 S	BDM XPD [□ Spec Ed □ K	ETS Other (MUST Spec	cify)		
Estimated Exp	enses:							
Registration	Lodgi	ng Me See policy	on back* \$0.46 p	eage Airfa per mile 3.92		ubstitute 100 per day	Other	73.92
Principal Signa Prior Superinte Approve Reason	endent App ed No	ot Approved	Supe	Grant/A	The	Require	d if Expenses are Pa	aid by Grant Funds 8/13/29 Date
		nerunning, includ		AVELEXPI	こいつこん	CHYID	NUDEIMEIM	T REQUEST
*** Per Board P	policy 03.125 a	pts and signatur nd 03.225: "Out-of Charge @ \$.46				ed within the Other Ex	nirty (30) days of th	e travel return date.*** Total
*** Per Board P	olicy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitt	ed within the Other Ex	nirty (30) days of the penses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitt	ed within the Other Ex	nirty (30) days of the penses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitt	ed within the Other Ex	nirty (30) days of the penses	e travel return date.***
*** Per Board P	olicy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitt	ed within the Other Ex	nirty (30) days of the penses	e travel return date.***
Date Date Affidavit: I heretemployee of Sin	# Miles # Objectify that mpson County	charge @ \$.46 \$.46	Lodging Lodging ded in the above st	Meals Meals atement were incursiness; that they	Amoun Amoun	Other Ex	nirty (30) days of the penses	Total
Date Date Affidavit: I heret employee of Sin charges qualifyir	# Miles # Office of the second of the secon	charge @ \$.46 \$.46 all expenses included schools in the cases are the second to the	F-District Travel Rei	Meals Meals atement were incursiness; that they ard of Education; a	Amoun Amoun	Other Exp	nirty (30) days of the penses Explanation	Total
Date Date Affidavit: I heret employee of Sin charges qualifyir	by certify that mpson County ng for reimbur nere within is to	charge @ \$.46 \$.46 all expenses included schools in the cases are the second to the	Lodging ded in the above st pacity of official bisimpson County Bo	Meals Meals atement were incursiness; that they ard of Education; a	Amoun Amoun	Other Exp	nirty (30) days of the penses Explanation about the penses of the pense	Total

Submit this down to the Paintipal and Supramitendent for PRIOR APPROVAL. Complete AU. Items on top half of form.
Attach Meeting Registration Form

Employee Name	and B	(1)				
	inay 10	11(5	Date Su	ubmitted	8/7/24	
School/Work Site1	3 HJ					
Name of Meeting/Confer	ence ORV	LEC Coun	elur (mi	nection	M	
Date(s) of Meeting/Confe	rence	24/24			7. Wam Return Time	
Place of Meeting/Confere	nce GH	EC-Bur	uly G	plen	rydetes on p	101
Rationale for Attendance	EILA	Hours / K	SCA+ le	sislehu	rypolities on p	next I hed
Expenses paid by:	BDM X PD	☐ Spec Ed ☐ KET	S Other (MI	UST Specif	fy)	
Estimated Expenses:						
Registration Lodgi	ng Mer See policy		mile 92	\$10	0 per day	423.92
Principal Signature:	-		Grant/Adr	min:	Required if Expenses are Paid	l by Grant Funds
Prior Superintendent App	//		4	- f l	Required if Expenses are raid	als.
Approved N	St Approved			81~		Date
Reason		Super	intendent Signat	ure		Date
original required rece *** Per Board Policy 03.125 a Date # Miles	nd 03.225: "Out-of Charge @ \$.46	C-01			IMBURSEMENT d within thirty (30) days of the Other Expenses Explanation	
	7.40					
	Ş.40			ALL ALL		
	3.40					
	7.40					
	7.40					
	7.40					
	7.40					
	7.40					
	7.40					
Affidavit: I hereby certify that employee of Simpson County	all expenses inclu	pacity of official busi	ness; that they are	proper	Reimbursement Due	
Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu data furnished here within is t	all expenses included to the carsement from the car	pacity of official busi Simpson County Boar	ness; that they are d of Education; and	e proper I that all	Reimbursement Due Central Office Use:	
employee of Simpson County charges qualifying for reimbu	all expenses included to the carsement from the car	pacity of official busi Simpson County Boar	ness; that they are d of Education; and	that all		
employee of Simpson County charges qualifying for reimbu data furnished here within is t	all expenses included to the carsement from the car	pacity of official busi Simpson County Boar	ness; that they are d of Education; and dge.	e proper	Central Office Use:	

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

Employee N	vame <u>Justi</u>	n Dyer		Dat	e Submitted	7-12-24	
School/Wo	rk Site Frank	clin-Simpson	HS West	Campus			
		ence KAS		*i			
Date(s) of N	/leeting/Confe	rence <u>Juk</u>	124-26			12:00 Return Ti	me_3:00
Place of Me	eting/Confere	ence Louis	sville, l	4	halt Ho	use Hotel	
Rationale fo	or Attendance	_KASU	4				
Expenses pa	aid by: 🔲 S	BDM □ PD	□ Spec Ed □	KETS 🗹 Other	(MUST Spec	ify) <u>EASIA</u>	
Estimated E	xpenses:						
Registration	on Lodgi		y on back* \$0.46	leage Airf per mile 6.772 —	\$1		Total Est. Expenses
Prior Superi	gnature: ntendent App oved No	ot Approved	Sup	Grant/ perintendent Sig	Admin: 10	Peguired if Expenses are Pa	7/18/24 Date
origina	I required recei	hre alla signara	Contract of the last of the la				T REQUEST
origina *** Per Board Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	Contract of the last of the la			d within thirty (30) days of th Other Expenses	
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o Charge @	of-District Travel Re	imbursements MU:	ST be submitte	d within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o Charge @	of-District Travel Re	imbursements MU:	ST be submitte	d within thirty (30) days of th Other Expenses	e travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-o Charge @	of-District Travel Re	imbursements MU:	ST be submitte	d within thirty (30) days of th Other Expenses	e travel return date.***
Date	# Miles	nd 03.225: "Out-o	f-District Travel Re Lodging	Meals Meals	Amount	d within thirty (30) days of th Other Expenses Explanation	e travel return date.*** Total
Date Affidavit: I he employee of charges qualif	# Miles # Miles reby certify that Simpson County fying for reimburs	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging ded in the above spacity of official to	Meals Meals tatement were incusioness; that they pard of Education; a	Amount Amount urred by an are proper	d within thirty (30) days of th Other Expenses	e travel return date.*** Total
Date Affidavit: I he employee of charges qualif	# Miles # Miles reby certify that Simpson County fying for reimbured here within is tr	Charge @ \$.46 all expenses inclu Schools in the casement from the	Lodging Lodging ded in the above spacity of official to Simpson County Be	Meals Meals tatement were incusioness; that they pard of Education; a	Amount arred by an are proper and that all	d within thirty (30) days of the Other Expenses Explanation Reimbursement Due	e travel return date.*** Total

Submit this form to the Principal and Superintendent for PRIOR APPROVAL.

Complete ALL items on top half of form.

Attach Meeting Registration Form

		anda Eve			e Submitted	71113024	
School/Wor	k Site	anklin &	Lincoln F	Jem			
Name of Me	eeting/Confe	rence <u>Victo</u>	my over \	<u>molence</u>			
Date(s) of N	deeting/Conf	erence <u>719</u>	77117	Depa	rture Time <u>(</u>	<u>No DOAM</u> Return Ti	me Oliogom
				22		, Coungton K	¥
Rationale fo	or Attendance		e Frysc	conterono	L		
Expenses pa	aid by:	SBDM □ PD □	Spec Ed 🗆 I	KETS D Other	(MUST Specif	V) PRUSCO	
Estimated E	xpenses:					•	
Registratio		See policy 3 40	on back* \$0.46	eage Airf		stitute Other) per day	Total Est. Expenses
150	104	101	any an	, QO			p 4 10 40
Prior Superi	nature: ntendent Ap oved N	proval: lot Approved	Sup	Grant/ Derintendent Sig	Admin:	Required if Expenses are P	aid by Grant Funds
		returning. Includ		AVEL EVD	ence re	IMBURSEMEN	T REALIEST
		eipts and signature	A CONTRACTOR OF THE PARTY OF TH	,		within thirty (30) days of the	7
	NEWSTERN B	Charge @				Other Expenses	Total
Date	# Miles	\$.46	Lodging	Meals	Amount	Explanation	Total
719	230	105.80	& JU	\$20			125-80
7/10				\$ 40			340
7(11				\$40			\$40
7/17		105.80		\$40			445.80
110		100.00					1,1,0
	reby certify tha	t all expenses includ	ed in the above st	tatement were incu	urred by an are proper	Reimbursement Du	351.60
employee of	Simpson Count	y schools in the cap					
employee of charges qualif	fying for reimbu	resement from the Si true and correct to the	mpson County Bo	ard of Education;	and that all	Central Office Use:	
employee of charges qualif data furnished	fying for reimbu d here within is t	rsement from the Si	mpson County Bo	ard of Education;	and that all	Central Office Use:	
employee of charges qualif	fying for reimbu d here within is t	rsement from the Si	mpson County Bo	pard of Education; a wledge.	and that all		
employee of charges qualif data furnished	fying for reimbud here within is to the second of the seco	rsement from the Si	mpson County Bo	pard of Education; a wledge.	and that all		

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

Employee iv	ame	cinda L	usman		e Submitted	7/11/24	
School/Wor	k Site <u>Fy</u>	inklin &	Lincoln 9	lem-			
Name of Me	eting/Confe	rence Closts	ns Kena	18 same			A (2) a
						COOM_Return Tim	ne DS-Ogom
Place of Me	eting/Confer	ence Hillo	n Grande	, Orland	o, Mon	da	
Rationale fo	r Attendance	_ Climat	e and u	uture co	nterena	Tance	
Expenses pa	id by:	SBDM □ PD	□ Spec Ed □ F	(ETS 17 Other (MUST Specif	V) PRYSC	
Estimated Ex	kpenses:						
Registratio	n Lodg	ing Me See policy		eage Airfa per mile		stitute Other ' Oper day	Total Est. Expenses
Principal Sig	nature:			Grant/	Admin:		N. Court Foods
Prior Superir	ntendent App	<u>oroval</u> :		1	-/1	Required if Expenses are Pai	a by Grant Funds
		ot Approved	_		W		Date
Reason			Sup	erintendent Sigr	nature 		
original	required rece	returning. Inclu ipts and signatur	es.			IMBURSEMENT	
	THE R. P. LEWIS CO., LANSING, VALUE OF REAL PROPERTY AND RESERVOIS ASSESSMENT OF REAL PROPERTY AND PARTY A	A STATE OF THE PARTY OF THE PAR	March Control of the		= 1	wishin shirty (20) days of the	troval rature data ***
*** Per Board	Policy 03.125	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh	f-District Travel Rei	경병공기 당시 장점		within thirty (30) days of the Other Expenses	
Per Board Date	# Miles	and 03.225: "Out-o Charge @ \$.46	f-District Travel Rei Lodging	mbursements MUS Meals			travel return date.*** Total
U. S. S. S. S.	18 80 tb 3 18	Charge @	I I WAS A	Meals		Other Expenses	Total
U. S. S. S. S.	# Miles	Charge @ \$.46	I I WAS A	Meals \$40 940		Other Expenses	Total **\%\\$73 **\\$40
Date 7 14 7 15	# Miles	Charge @ \$.46	I I WAS A	Meals \$40 940		Other Expenses	FX \$73 F40 440
U. S. S. S. S.	# Miles	Charge @ \$.46 → 23	I I WAS A	Meals		Other Expenses	Total **\%\\$73 **\\$40
Date 7 14 7 15	# Miles	Charge @ \$.46	I I WAS A	940 940		Other Expenses	FX \$73 F40 440
Date 7 14 7 15	# Miles	Charge @ \$.46 → 23	I I WAS A	940 940		Other Expenses	FX \$73 F40 440
Date 7 14 7 15	# Miles	Charge @ \$.46 → 23	I I WAS A	940 940		Other Expenses	FX \$73 F40 440
7/14 7/15 7/14 7/14 7/18	# Miles 50 50	*A3	Lodging	940 940 940 940 940	Amount	Other Expenses	FX \$73 F40 440
Date 7 14 7 15 7 19 7 19 Affidavit: I heremologe of Section 19	# Miles 50 50 eby certify that simpson County	t all expenses included schools in the calculations of the calcula	Lodging ded in the above stages	Meals \$40 940 940 \$40	Amount rred by an are proper	Other Expenses Explanation	FX \$73 F40 440
Date 7 14 7 15 7 19 7 19 Affidavit: I her employee of Scharges qualifications.	# Miles 50 50 eby certify that simpson Countying for reimbu	t all expenses included schools in the calculations of the calcula	Lodging ded in the above states of official besides the same of t	Meals \$40 940 940 940 satement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Other Expenses Explanation	FX \$73 F40 440
Date 7 14 7 15 7 19 7 19 Affidavit: I her employee of Scharges qualifications.	# Miles 50 50 eby certify that simpson Countying for reimbu	t all expenses incluy Schools in the causement from the strue and correct to	Lodging ded in the above st pacity of official b Simpson County Bo the best of my know	Meals \$40 940 940 940 satement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Explanation Explanation Reimbursement Due	FX \$73 F40 440
Date 7 14 7 15 7 19 7 19 Affidavit: I her employee of Scharges qualifidata furnished	# Miles 50 50 eby certify that simpson Countrying for reimbur here within is the same of the same o	Charge @ \$.46 \$.46 \$\display 23	Lodging ded in the above st pacity of official b Simpson County Bo the best of my know	Meals \$40 940 940 940 satement were incursiness; that they are of Education; a	Amount rred by an are proper nd that all	Explanation Explanation Reimbursement Due	FX \$73 F40 440
Date 7 14 7 15 7 19 7 19 Affidavit: I her employee of Scharges qualifications.	# Miles 50 50 eby certify that simpson Countrying for reimbur here within is the same of the same o	t all expenses incluy Schools in the causement from the strue and correct to	Lodging ded in the above st pacity of official b Simpson County Bo the best of my know	Meals \$40 940 940 940 940 satement were incurrent with they are defended by the sate of Education; and wiledge.	Amount rred by an are proper nd that all	Reimbursement Due Central Office Use:	FX \$73 F40 440
Date 7 14 7 15 7 19 7 19 Affidavit: I her employee of Scharges qualifidata furnished	# Miles 50 50 eby certify that simpson Countrying for reimbur here within is the simple of the si	t all expenses incluy Schools in the causement from the strue and correct to	Lodging ded in the above st pacity of official b Simpson County Bo the best of my know	Meals \$40 940 940 940 940 satement were incurrent with they are defended by the sate of Education; and wiledge.	Amount rred by an are proper nd that all	Reimbursement Due Central Office Use:	FX \$73 F40 440

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 N	ame <u>Le</u>	Ann Fishu ntral Offi	C. C.	Date	Submitte	d	8-7-24	
School/Wor	k Site	once Cont	Improved	nent Con	Feren	el), ————————————————————————————————————
Date(s) of M	eting/Confe	ence Sept	22-74	Depart	ure Time	6:00	ນາງketurn Time	e_4:00pm
Place of Me	eting/Confere	ence Lexic	gton, Ky					
Rationale fo	r Attendance	CDIP F	Zequiremen	J5		-17	<u> </u>	
Expenses pa	aid by:	SBDM □ PD 1	□ Spec Ed □ K	ETS	MUST Spec	ify)/	<u> </u>	-
Estimated E				and the second second second		70-17-0-0-0	Other	and Fat European
Registratio	on Lodgi	ing Me See policy		eage Airfa per mile		ubstitute 100 per day	Other T	otal Est. Expenses
		100	0.00 159	324		^		
					Admin:	2.1	11 8 14	
	nature: ntendent App			Grant/P	Admin.	Require	d if Expenses are Paid	l by Grant Funds
/		ot Approved		4	5M			8/8/24
			Sup	erintendent Sign	ature			Date
origina	l required rece	ipts and signatur					IRSEMENT hirty (30) days of the	
*** Per Board	d Policy 03.125 a		-District Haver Ker	mbursements wos	T be subline			
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Exp		Total
		Charge @				Other Exp	penses	
Date	# Miles	Charge @ \$.46 79,12		Meals		Other Exp	penses	
Date 1-11	# Miles	Charge @ \$.46		Meals		Other Exp	penses	
1-11 1-23	# Miles	Charge @ \$.46 79,12		Meals		Other Exp	penses	
1-11 1-23	# Miles	Charge @ \$.46 79,12		Meals		Other Exp	penses	
1-11 1-23	# Miles	Charge @ \$.46 79,12		Meals		Other Exp	penses	
1-11 1-23	# Miles	Charge @ \$.46 79,12		Meals		Other Exp	enses Explanation	
1-11 1-23 1-24 Affidavit: I he	# Miles	Charge @ \$.46 79.12 79.12	Lodging ded in the above st	Meals 40 40 20 atement were incursiness; that they a	Amoun	Other Exp	Explanation bursement Due	Total
Date 1-11 1-23 1-24 Affidavit: I he employee of charges qualidata furnished	# Miles 172 172 reby certify that Simpson County fying for reimbud here within is to	Charge @ \$.46 79.12 79.12 all expenses include a schools in the carsement from the strue and correct to the strue and	Lodging ded in the above st	Meals 40 40 20 attement were incursiness; that they are ard of Education; a wledge.	Amoun	Rein	enses Explanation	Total
Date 1-11 1-23 1-24 Affidavit: I he employee of charges qualidata furnished	# Miles 172 172 reby certify that Simpson County fying for reimbud here within is the state of the state o	Charge @ \$.46 79.12 79.12 all expenses include a schools in the carsement from the strue and correct to the strue and	Lodging ded in the above st pacity of official be Simpson County Bo	Meals 40 40 20 atement were incursiness; that they are ard of Education; a wiedge.	Amoun	Rein Central (Explanation bursement Due	Total
Date 1-11 1-23 1-24 Affidavit: I he employee of charges qualidata furnished	# Miles 172 172 reby certify that Simpson County fying for reimbud here within is the state of the state o	Charge @ \$.46 79.12 79.12 all expenses include a schools in the carsement from the strue and correct to the strue and	Lodging ded in the above st pacity of official be Simpson County Bo	Meals 40 40 20 attement were incursiness; that they are ard of Education; a wledge.	Amoun	Rein	Explanation bursement Due	Total

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

Employee Maine	mitted
School/Work Site	
Name of Meeting/Conference Scott Trimble Assessment	
Date(s) of Meeting/Conference Oct. 24-25 Departure T	ime 6:00am Return Time 4:00pm
Place of Meeting/Conference <u>Lansville</u> Ky	
Rationale for Attendance Assessment In Ro / update	<u>5</u>
Expenses paid by:	Specify) _ / &
Estimated Expenses:	21 - 11 - 2
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
100.00 119.60	
Principal Signature: Grant/Admin	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/8/24
Reason Superintendent Signature	Date
Oliginal required rescripts and alguments.	E REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimpursements MUST be su	bmitted within thirty (30) days of the travel return date.
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be su Date # Miles Charge @ Lodging Meals A	Other Expenses Mount Explanation Total
Date # Miles Charge @ Lodging Meals Ar	Other Expenses Total
Date # Miles Charge @ \$.46 Lodging Meals Ar 10-23 130 59.80 20 40	Other Expenses Total
Date # Miles Charge @ \$.46 Lodging Meals Ar D-23 130 59.80 20	Other Expenses Total
Date # Miles Charge @ \$.46 Lodging Meals Ar 10-23 130 59.80 20 40 10-24 40 40 40	Other Expenses Total
Date # Miles Charge @ \$.46 Lodging Meals Ar 10-23 130 59.80 20 40 10-24 40 40 40	Other Expenses Total
Date # Miles Charge @ \$.46 Lodging Meals Ar 10-23 130 59.80 20 40 10-24 40 40 40	Other Expenses Total
Date # Miles Charge @ \$.46 Lodging Meals Ar 10-23 130 59.80 20 40 10-24 40 40 40	Other Expenses mount Explanation Total
Date # Miles Charge @ Lodging Meals Ar 10-23 130 59.80 20 40 10-25 130 59.80 40 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are pro	Other Expenses mount Explanation Total An Reimbursement Due
Date # Miles Charge @ \$.46 Lodging Meals D-23 130 59.80 20 D-24 40 D-25 130 59.80 40 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses mount Explanation Total An Reimbursement Due
Date # Miles Charge © \$.46 Lodging Meals D-23 130 59.80 20 D-24 40 D-25 130 59.80 40 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that data furnished here within is true and correct to the best of my knowledge.	Other Expenses mount Explanation Total an Reimbursement Due per t all
Date # Miles Charge @ \$.46 Lodging Meals D-23 130 59.80 20 D-24 40 D-25 130 59.80 40 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses mount Explanation Total an Reimbursement Due per t all
Date # Miles Charge S.46 Lodging Meals D-23 130 59.80 D-24 40 D-25 130 59.80 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that data furnished here within is true and correct to the best of my knowledge. Beaun Films B-1-24	Other Expenses mount Explanation Explanation Reimbursement Due per t all Central Office Use:

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 Defina Holl Date Submit	tted 7/3/124
School/Work Site Franklin- Limpson High School	
Name of Meeting/Conference 2024 CTIVE Regional T	raining
Date(s) of Meeting/Conference Aug 1977 Departure Time	ne 8:00 am Return Time 3:30pm
	SION Office
Rationale for Attendance Continued training for	CMTP
Expenses paid by:	
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses
	Lacare Charles
Principal Signature: Grant/Admin:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval: ApprovedNet Approved	= /= /
Reason Superintendent Signature	8/2/24 Date
	- Juice
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 subm	REIMBURSEMENT REQUEST
*** Per Board Policy US.125 and US.225: "Out-of-District Fravel Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.**
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Charge @	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 Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals Amo	Other Expenses Fount Explanation Total
Date # Miles \$.46 Lodging Meals Amo Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper	Other Expenses Fount Explanation Reimbursement Due
Date # Miles \$.46 Lodging Meals Amo	Other Expenses Fount Explanation Reimbursement Due
Date # Miles \$.46 Lodging Meals Amo Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all	Other Expenses Fount Explanation Reimbursement Due

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 Joey Kilbium	Date Submitte	d 1130 3034	
School/Work Site <u>Central Office</u>	16: 10 14001	- Claude 211	26
Name of Meeting/Conference DPP Regional	1State Meeting	S DIANKET 24	-92
Date(s) of Meeting/Conference	Departure Time	Return Tir	ne
Place of Meeting/Conference			
Rationale for Attendance Reg DPP Mtgs		~~~ ~~~ ~~ ~~	15Q N
Expenses paid by:	KETS Other (MUST Spe	cify) 000 0001 - C	750
Estimated Expenses:			
1105130100131	illeape	ubstitute Other 100 per day	Total Est. Expenses
Principal Signature:	Grant/Admin:	Required if Expenses are Pa	id by Grant Funds 7/25/24 Date
Submit this section upon returning. Include any	RAVEL EXPENSE R	FIMBURSEMEN'	T RECLIEST
original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R		ed within thirty (30) days of the	
CHICAGO CONTRACTOR CON		ed within thirty (30) days of the Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	eimbursements MUST be submit	ed within thirty (30) days of the Other Expenses	e travel return date.***
Date # Miles Charge @ Lodging \$.46 Date # Miles \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above	Meals Amount of the submitted of the sub	ed within thirty (30) days of the Other Expenses	Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Red Date # Miles Charge @ Lodging \$.46 Lodging	statement were incurred by an business; that they are proper Board of Education; and that all	ed within thirty (30) days of the Other Expenses at Explanation	Total
Date # Miles Charge Charge Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County Edward Research Re	statement were incurred by an business; that they are proper Board of Education; and that all	Other Expenses It Explanation Reimbursement Due	Total

Airien merchanism and the state of the state			1/04/11
Employee Name April McNaughton	Date Subn	nitted	124/25
Sahaal/Mark Site RTC			
	rectings	0:00	Potum Time (140
Date(s) of Meeting/Conference 8/28-29, 1918	14 2/5-6, 7 Departure 11	me	Return Time
sacratinal Conforme Anderson	Boardroom		
Rationale for Attendance KDE/R1	c neetings		¥
Expenses paid by:	☐ KETS ☐ Other (MUST	Specify)	
Estimated Expenses:	,	e tables	Other Total Est. Expenses
Registration Lodging Meals See policy on backs 800.00 240.60	Mileage Airfare \$0.46 per mile	Substitute \$100 per day	1040.00
- La Cinnetura	Grant/Admin:		
Principal Signature:	1 010	Required if Expe	nses are Paid by Grant Funds
Approved Not Approved	80		7/29/24
Reason	Superintendent Signature		Date
Saltant the section John recogning Authors 2017	TRAVEL EXPENSE	FRFIMBURSI	MENT REQUEST
in (ginal) copine i recepio and egitable).	el Reimbursements MUST be sub	mitted within thirty (30)	days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
on ginal required receipts and significants. •••• Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$.46	el Reimbursements MUST be sub	mitted within thirty (30)	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be sub	Other Expenses	days of the travel return date.*** Total
• Per Board Policy 03.125 and 03.225: "Out-of-District Travelle Date # Miles S.46 Lodging	Meals Am	Other Expenses Tount Explan	ation Total
••• Per Board Policy 03.125 and 03.225: "Out-of-District Trav	Meals Am We statement were incurred by a lial business; that they are property Board of Education; and that a	Other Expenses Tount Explan Reimburser	ation Total ation nent Due
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of office charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my	Meals Am We statement were incurred by a lial business; that they are property Board of Education; and that a	Other Expenses Tount Explan Reimburser an Reimburser	ation Total ation nent Due
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of office employee of Simpson County Schools in the capacity of office employee of Simpson County Schools in the Simpson County Schools in the Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity of Office employee of Simpson County Schools in the Capacity Office employee of Simpson County Schools in the Capacity Office employee of Simpson County Schools in the Capacity O	Meals Am We statement were incurred by a lial business; that they are property Board of Education; and that a knowledge.	Other Expenses Tount Explan Reimburser Terral Central Office U	ation Total ation nent Due

A strain the strain to	211411.20		LITUODIZATION
A Alman Please of the Charles of the con-	uii		UTHORIZATION
Laboration of the second of th	Walah D	ate Submitted	7/24/24
Employee Name Lawa Miller	1,		,
School/Work SiteRTC	- lote musting	1	
Name of Meeting/Conference	12 Jan 3/2 / 5/2 9 Pan	arture Time 8:00	Return Time 6.00
Name of Meeting/Conference KDE Date(s) of Meeting/Conference	7/18-14, /5-6 /7-8 DEP	arture Time	
Place of Meeting/Conference	iderson Boardro	om	
Rationale for Attendance	KDE/KIC MEET	ings 221	
Expenses paid by: SBDM PD C	Spec Ed ☐ KETS ☐ Othe	r (MUST Specify)	0
Estimated Expenses:		rfare Substitute	Other Total Est. Expenses
Registration Lodging Mea		\$100 per day	
			1040.10
800.00 240.	1000		
The designatures (1000XV)	Grant	:/Admin:	f Expenses are Paid by Grant Funds
Principal Signature:	1	Required I	Expenses are Palu by Grand wild
Approved Not Approved		The	7/29/2
Reason	Superintendent Si	gnature	Date
the second secon	carrier (MCA) for my		
Marie of the person from rendrals. Subvice of the person o	TRAVEL EXI	PENSE REIMBU UST be submitted within thir	RSEMENT REQUEST by (30) days of the travel return date.**
*** Per Board Policy 03.125 and 03.225: "Out-or-L	DISTRICT TIEVER REMINDER	JST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
oniginal required receipts and senature *** Per Board Policy 03.125 and 03.225: "Out-of-I Date # Miles \$.46	TRAVEL EXI	JST be submitted within thin Other Exper	ty (30) days of the travel return date.**
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-t	DISTRICT TIEVER REMINDER	UST be submitted within thin Other Exper	ry (30) days of the travel returndate.** nses Total
Per Board Policy 03.125 and 03.225: "Out-or-to-the Date # Miles \$.46	Lodging Meals	Other Exper	ty (30) days of the travel returndate.** Inses Total
Per Board Policy 03.125 and 03.225: "Out-or-to-the Date # Miles \$.46	Lodging Meals His the above statement were in	Other Experiment Amount E	ry (30) days of the travel returndate.** nses Total
Per Board Policy 03.125 and 03.225: "Out-or-I Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa	Lodging Meals d in the above statement were incity of official business; that they	Other Experiments Amount E Amount E Amount Reimber	ty (30) days of the travel returndate.** nses Total Total ursement Due
Per Board Policy 03.125 and 03.225: "Out-or-to-the Date # Miles \$.46	Lodging Meals d in the above statement were incity of official business; that they	Other Experiments Amount E Amount E Amount Reimber	ty (30) days of the travel returndate.** nses Total Total ursement Due
Per Board Policy 03.125 and 03.225: "Out-or-I Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa	Lodging Meals d in the above statement were incity of official business; that they	Other Experiments Amount E Amount E curred by an are proper and that all Central Off	ty (30) days of the travel returndate.** nses Total Total ursement Due
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sindata furnished here within is true and correct to the	Lodging Meals d in the above statement were incity of official business; that they	Other Experiments Amount E Amount E Amount Reimber	ty (30) days of the travel returndate.** nses Total Total ursement Due
Per Board Policy 03.125 and 03.225: "Out-or-I Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa	d in the above statement were incitive of official business; that they impson County Board of Education; e best of my knowledge.	Other Experiments Amount E Amount E curred by an are proper and that all Central Off	ty (30) days of the travel returndate.** nses Total Total ursement Due
Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sindata furnished here within is true and correct to the	d in the above statement were incitive of official business; that they impson County Board of Education; e best of my knowledge.	Other Experiments Amount E Amount E curred by an are proper and that all Central Off	ty (30) days of the travel returndate.** Inses I Total Ursement Due fice Use:

Submit this form to the Principal and Superintendent for <u>PRIOR APPROVAL</u>.

Complete ALL items on top half of form.

Attach Meeting Registration Form

	0	. 1					
	ame	an Not	their	Date	Submitted _	7/30/24	
ichool/Work	Site S	محع					
lame of Me	eting/Confere	ence <u>Conf</u>	in wow Imp	10 vement			
Date(s) of M	eeting/Confe	rence Sap	t 23-24, 20	Depart	ture Time	Return Time	(6:30 pm Sep.
Place of Mee	eting/Confere	nce Lexin	yton, KY				
Rationale for	r Attendance	School	Improvement	Strateg	ist, rec	1 TQ	
xpenses pai	id by: 🔲 S	SBDM □ PD	☐ Spec Ed ☐ K	ETS 🗹 Other (MUST Specify	1/2	
stimated Ex	(penses:						
Registratio	n Lodgii	-		eage Airfa er mile		titute Other To	otal Est. Expenses
rincipal Sigr	nature:			Grant/	Admin:	Julymik	
	tendent App			10	11	Required if Expenses are Paid	by Grant Funds
		ot Approved		\bigcirc γ	ML		8/8/24
Reason			Supe	erintendent Sigr	nature		Date
*** Per Board		Charge @			T be submitted t	MBURSEMENT within thirty (30) days of the t	ravel return date.***
Date	# Willes	\$.46			Amount	Explanation	Total
	# Miles	\$.46		20	Amount	Explanation	Total 20
9/22	# Willes	\$.46		20 40	Amount	Explanation	
9/22	# WIICS	Ş.46			Amount	Explanation	20
9/22	# WIICS	Ş.46		40	Amount	Explanation	20 40
9/22	# WIICS	Ş.46		40	Amount	Explanation	20 40
9/22	# WIICS	Ş.46		40	Amount	Explanation	20 40
9/22	# WIIICS	Ş.46		40	Amount	Explanation	20 40
9/22 9/23 9/24	eby certify that	all expenses inclu	ided in the above st	40 20	rred by an	Reimbursement Due	20 40
9/23 9/23 9/24 Affidavit: I here employee of S	eby certify that Simpson County ying for reimbur	all expenses inclu Schools in the casement from the	ided in the above stapacity of official but Simpson County Both the best of my know	40 20 atement were incursiness; that they are of Education; a	rred by an are proper and that all		20 40
9/23 9/23 9/24 Affidavit: I heremployee of Scharges qualify data furnished	eby certify that simpson County ying for reimbur here within is tr	all expenses inclu Schools in the casement from the	apacity of official bu Simpson County Bo	40 20 atement were incursiness; that they are of Education; a	rred by an are proper and that all	Reimbursement Due	20 40
9/23 9/23 9/24 Affidavit: I here employee of S	eby certify that simpson County ying for reimbur here within is tr	all expenses inclu Schools in the casement from the	apacity of official bu Simpson County Bo	atement were incursiness; that they are dof Education; a viedge.	rred by an are proper and that all	Reimbursement Due	20 40
9/23 9/24 Affidavit: I here employee of S charges qualify data furnished Employee Si	eby certify that Simpson County ying for reimbur here within is tr	all expenses inclu Schools in the casement from the rue and correct to	apacity of official bu Simpson County Bo	40 20 atement were incursiness; that they are of Education; a viedge.	rred by an are proper and that all	Reimbursement Due	20 40 20

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

5 Nome Sa	Norther		Date	e Submitte	d 7/30/24	
Employee Name	55			c oubilities	-	
Name of Meeting/Conference	se Scott T	inble				
Date(s) of Meeting/Conferen	nce 0ct. 24-	25, 2024	Depar	ture Time	6 an 24 Return	Time 4 or oches
Place of Meeting/Conference						
Place of Meeting/Conference	e	5/1/			P 1'. C	
Rationale for Attendance Expenses paid by:	Assessment o	and coll.	abovative +	eachin	1/action	
Expenses paid by:	OM □ PD □ Sp	ec Ed 🔲 KE	TS 🛮 Other (MUST Spe	city) (b\	
Estimated Expenses:						Table Small
Registration Lodging	Meals See policy on ba	Mile a ck* \$0.46 pe			ubstitute Other	Total Est. Expenses
Principal Signature:			Grant//	Admin:	Required if Expenses are	Paid by Grant Funds
Prior Superintendent Approv			1	C81	Required it expenses are	e Fall by Grant Funds
ApprovedNot /		<u> </u>	\mathcal{A}	Shr	_	Pate
Reason		Super	rintendent Sigr	lature		
Submit this section upon ref	turning. Include an	TRA	VEL EXP	ense b	EIMBURSEME	NT REQUEST
original required receipts *** Per Board Policy 03.125 and	s and signatures. 03.225: "Out-of-Dist				ed within thirty (30) days of	
*** Per Board Policy 03.125 and	03.225: "Out-of-Dist				ed within thirty (30) days of Other Expenses	
*** Per Board Policy 03.125 and	03.225: "Out-of-Distr Charge @	rict Travel Reim	bursements MUS	T be submit	ed within thirty (30) days of Other Expenses	f the travel return date.***
Per Board Policy 03.125 and Date # Miles	03.225: "Out-of-Distr Charge @	rict Travel Reim	bursements MUS Meals	T be submit	ed within thirty (30) days of Other Expenses	f the travel return date.*** Total
Date # Miles	03.225: "Out-of-Distr Charge @	rict Travel Reim	Meals 4b	T be submit	ed within thirty (30) days of Other Expenses	Total
Date # Miles	03.225: "Out-of-Distr Charge @	rict Travel Reim	Meals 4b	T be submit	ed within thirty (30) days of Other Expenses	Total
Date # Miles	03.225: "Out-of-Distr Charge @	rict Travel Reim	Meals 4b	T be submit	ed within thirty (30) days of Other Expenses	Total
Date # Miles	03.225: "Out-of-Distr Charge @	rict Travel Reim	Meals 4b	T be submit	ed within thirty (30) days of Other Expenses	Total
Date # Miles	03.225: "Out-of-Distr Charge @	rict Travel Reim	Meals 4b	T be submit	ed within thirty (30) days of Other Expenses	Total
Date # Miles /o/ay /o/as Affidavit: I hereby certify that all	03.225: "Out-of-Disti	Lodging the above state	Meals 4b 20	Amour	ed within thirty (30) days of Other Expenses	Total 40 20
Date # Miles /o/ay /o/as	expenses included in hools in the capacity ment from the Simps	the above stary of official bus	Meals 4b 20 tement were incusiness; that they are of Education; a	Amour	Other Expenses Explanation	Total 40 20
Date # Miles /o/ay /o/as Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburser data furnished here within is true	expenses included in hools in the capacity ment from the Simps	the above stary of official bus	Meals 40 20 tement were incusiness; that they are of Education; a edge.	Amour	Other Expenses Explanation Reimbursement	Total 40 20
Date # Miles /o/ay /o/as Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburser	expenses included in hools in the capacity ment from the Simps	the above stary of official bus	Meals 4b 20 tement were incusiness; that they are of Education; a	Amour	Other Expenses Explanation Reimbursement C Central Office Use:	Total 40 20

Submit this form to the Principal and Superintendent for PRIOR APPROVAL.

Complete ALL items on top half of form.

Attach Meeling Registration Form

Employee Name Chris Py les	Date Submitted	7/18/2024	_
Employee Name Chris Py les School/Work Site Franklin Elementery 5.	hool		_
Name of Meeting/Conference KASA Leadersh	a Last tete		_
Date(s) of Meeting/Conference July 24-26	Departure Time _	8:00 a.m. Return Time 3:00 p.	ŋ
Place of Meeting/Conference Galt House Hotel			_
Rationale for Attendance Administrative	Professional Dev	elopment	_
Expenses paid by:	KETS Other (MUST Spec	ify) 16	-
Estimated Expenses:			
Registration coaging	per mile \$1	obstitute Other Total Est. Expenses on per day #188.50	- The same
Principal Signature: Prior Superintendent Approval: Approved Not Approved	Grant/Admin:/	Required if Expenses are Paid by Grant Funds	4
	perintendent Signature	Date	1
Submit this section upon returning. Include any original required receipts and signatures.	RAVEL EXPENSE R	EIMBURSEMENT REQUEST	
	ALTO A MA BAR AND MINISTER AND AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE		
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re		ed within thirty (30) days of the travel return date.**	E 4
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Per Board Policy 03.125 and 03.225; Out-of-District Travel Re	eimbursements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total	
Date # Miles Charge @ Lodging \$.46	Meals Amoun	ed within thirty (30) days of the travel return date.** Other Expenses Total	a a second
Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	Meals Amoun Statement were incurred by an business; that they are proper	Other Expenses t Explanation Total	
Date # Miles Charge @ Lodging \$.46 Lodging	Meals Amount Amo	Other Expenses t Explanation Total	
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B	Meals Amoun Statement were incurred by an business; that they are proper loard of Education; and that all owledge.	Other Expenses t Explanation Reimbursement Due	
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B	Meals Amount Amo	Other Expenses t Explanation Reimbursement Due	
Date # Miles Charge @ Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my known and the state of the capacity of the capacity of my known and the ca	Meals Amount Must be submitted. Meals Amount Management were incurred by an business; that they are proper loard of Education; and that all owledge. 7/21/2024	Other Expenses t Explanation Reimbursement Due Central Office Use:	