

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 Kelly Baker Date Submitted 7-10-24  
 School/Work Site C/O  
 Name of Meeting/Conference KYCASE Summer Institute  
 Date(s) of Meeting/Conference 7/17-7/19/24 Departure Time 8:00am Return Time 4:00pm  
 Place of Meeting/Conference Embassy Suites, Lexington, KY  
 Rationale for Attendance Dir. of SpEd Conf.  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$225.-	345.89	100.-	116.84				\$790.73

Principal Signature: \_\_\_\_\_ Grant/Admin: *Shubin Smith*  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature *ASH* Date 7/12/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date  
 \_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kelly Baker Date Submitted 7-10-24  
 School/Work Site C/O  
 Name of Meeting/Conference 2024 DoSE Institute  
 Date(s) of Meeting/Conference 9/9/24-9/10/24 Departure Time 8:00 Return Time 4:00  
 Place of Meeting/Conference Marriott Griffin Gate, Lexington  
 Rationale for Attendance DoSE Institute  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
—	—	\$80.—	\$116.84				\$196.84

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 7/12/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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

## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mandy Bills Date Submitted 8/7/24  
 School/Work Site FSHS  
 Name of Meeting/Conference 504 training + legal updates  
 Date(s) of Meeting/Conference 8/23/24 Departure Time 7:00 AM Return Time 4:30 pm  
 Place of Meeting/Conference GRREC - Bowling Green  
 Rationale for Attendance 504 Coordinator  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
—	—	—	\$23.92				\$23.92

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. Shu Date 8/13/24

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

### TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

**Affidavit:** I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Mandy Bills Date Submitted 8/17/24

School/Work Site FSHS

Name of Meeting/Conference CRREL Counselor Connection

Date(s) of Meeting/Conference 9/24/24 Departure Time 7:00am Return Time 4:00pm

Place of Meeting/Conference CRREL - Bowling Green

Rationale for Attendance EILA Hours / KSCA + legislative updates on meet of Health

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

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
—	—	—	\$23.92				\$23.92

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_

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

Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature Jshl Date 8/17/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
<b>Reimbursement Due</b>							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Dyer Date Submitted 7-18-24  
 School/Work Site Franklin-Simpson HS West Campus  
 Name of Meeting/Conference KASIA  
 Date(s) of Meeting/Conference July 24-26 Departure Time 12:00 Return Time 3:00  
 Place of Meeting/Conference Louisville, KY Galt House Hotel  
 Rationale for Attendance KASIA  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) KASIA

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
—	—	<u>\$80.00</u>	<u>\$106.72</u>	—	—		<u>\$186.72</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: KASIA  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J Shl Date 7/18/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 7/11/2024  
 School/Work Site Franklin & Lincoln Elem.  
 Name of Meeting/Conference Victory Over Violence  
 Date(s) of Meeting/Conference 7/9 - 7/12 Departure Time 6:00am Return Time 6:00pm  
 Place of Meeting/Conference North Kentucky Convention Center, Covington, Ky  
 Rationale for Attendance annual FRYSC conference  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FRYSC

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
\$ 150.00	\$ 347.00	\$ 40/day	211.60				\$ 698.60

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. Spill Date 7/11/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
7/9	230	105.80	<del>\$20</del>	\$ 20			125.80
7/10				\$ 40			\$ 40
7/11				\$ 40			\$ 40
7/12		105.80		\$ 40			\$ 145.80

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due 351.60

Lucinda Eversman 7/19/24  
 Employee Signature Date  
[Signature] 7/19/24  
 Supervisor Signature Date

Central Office Use:

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Coding

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CFO Approval

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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 Lucinda Eversman Date Submitted 7/1/24  
 School/Work Site Franklin & Lincoln Elem.  
 Name of Meeting/Conference Jostens Renaissance  
 Date(s) of Meeting/Conference 7/14-7/18 Departure Time 04:00am Return Time 08:00pm  
 Place of Meeting/Conference Hilton Grande, Orlando, Florida  
 Rationale for Attendance Climate and culture conference  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) FRUSC

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval:  
 Approved  Not Approved...  
 Reason \_\_\_\_\_  
 Superintendent Signature JSH Date 7/1/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
7/14	50	\$23		\$40			<del>\$73</del>
7/15				\$40			\$40
7/16				\$40			\$40
7/18	50	\$23		\$40			\$73
<b>Reimbursement Due</b>							<b>\$226</b>

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Lucinda Eversman 7/19/24  
 Employee Signature Date  
JSH 7/19/24  
 Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LeAnn Fisher Date Submitted 8-7-24  
 School/Work Site Central Office  
 Name of Meeting/Conference Cont. Improvement Conference  
 Date(s) of Meeting/Conference Sept 22-24 Departure Time 6:00am Return Time 4:00pm  
 Place of Meeting/Conference Lexington, KY  
 Rationale for Attendance CDIP Requirements  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TB

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		100.00	158.24				

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval: [Signature]  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 8/8/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
7-22	112	79.12		40-			
7-23				40-			
7-24	112	79.12		20-			

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

LeAnn Fisher 8-7-24  
 Employee Signature Date  
 \_\_\_\_\_  
 Supervisor Signature Date

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval



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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name LeAnn Fisher Date Submitted 8-7-24  
 School/Work Site CO  
 Name of Meeting/Conference Scott Trimble Assessment  
 Date(s) of Meeting/Conference Oct. 24-25 Departure Time 6:00am Return Time 4:00pm  
 Place of Meeting/Conference Louisville, KY  
 Rationale for Attendance Assessment info/updates  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TQ

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		100.00	119.60				

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
Required if Expenses are Paid by Grant Funds  
 Prior Superintendent Approval:  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/8/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
10-23	130	59.80		20			
10-24				40			
10-25	130	59.80		40			

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

LeAnn Fisher 8-7-24  
 Employee Signature Date  
 \_\_\_\_\_  
 Supervisor Signature Date

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

**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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Debra Holt Date Submitted 7/31/24  
 School/Work Site Franklin-Simpson High School  
 Name of Meeting/Conference 2024 CTNP Regional Training  
 Date(s) of Meeting/Conference Aug, 14<sup>th</sup>, 2024 Departure Time 8:00 am Return Time 3:30 pm  
 Place of Meeting/Conference Warren County Extension Office  
 Rationale for Attendance Continued training for CTNP  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) \_\_\_\_\_

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin. Kelley Baker  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature JSH Date 8/2/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Joey Kilburn Date Submitted 7/20/2024  
 School/Work Site Central Office  
 Name of Meeting/Conference DPP Regional / State Meetings Blanket 24-25  
 Date(s) of Meeting/Conference \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Place of Meeting/Conference \_\_\_\_\_

Rationale for Attendance Reg DPP Mtgs.

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 000 029 - 0580

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_

Prior Superintendent Approval:

Approved  Not Approved...

Reason \_\_\_\_\_

Required if Expenses are Paid by Grant Funds

*J Shl*  
 Superintendent Signature 7/20/24  
Date

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

**Affidavit:** I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name April McNaughton Date Submitted 7/24/24  
 School/Work Site RTC  
 Name of Meeting/Conference KDE/RTC meetings  
 Date(s) of Meeting/Conference 8/28-29, 12/18-19, 3/5-6, 5/7-8 Departure Time 8:00 Return Time 6:00  
 Place of Meeting/Conference Anderson Boardroom  
 Rationale for Attendance KDE/RTC meetings  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 336

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
	<u>800.00</u>	<u>240.00</u>					<u>1040.00</u>

Principal Signature: \_\_\_\_\_ Grant/Admin: \_\_\_\_\_  
 Prior Superintendent Approval: \_\_\_\_\_ Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature J. Skelton Date 7/29/24

**TRAVEL EXPENSE REIMBURSEMENT REQUEST**

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due** \_\_\_\_\_

Employee Signature April McNaughton Date \_\_\_\_\_ Central Office Use: \_\_\_\_\_  
 Supervisor Signature J. Skelton Date \_\_\_\_\_ Coding \_\_\_\_\_  
 CFO Approval \_\_\_\_\_

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Laura Miller-Welsh Date Submitted 7/24/24

School/Work Site RTC

Name of Meeting/Conference KDE/RTC meetings

Date(s) of Meeting/Conference 8/28-29, 12/18-19, 3/5-6, 5/7-8 Departure Time 8:00 Return Time 6:00

Place of Meeting/Conference Anderson Boardroom

Rationale for Attendance KDE/RTC meetings

Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) 336

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
	800.00	240.00					1040.00

Principal Signature: [Signature] Grant/Admin: \_\_\_\_\_  
Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval: [Signature] 7/29/24  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

**Reimbursement Due** \_\_\_\_\_

Employee Signature: [Signature] Date \_\_\_\_\_  
 Supervisor Signature: [Signature] Date \_\_\_\_\_

Central Office Use:  
 Coding \_\_\_\_\_  
 CFO Approval \_\_\_\_\_

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Nofthelva Date Submitted 7/30/24  
 School/Work Site SES  
 Name of Meeting/Conference Continuous Improvement  
 Date(s) of Meeting/Conference Sept 23-24, 2024 Departure Time 3pm Sept 22 Return Time 6:30pm Sept.  
 Place of Meeting/Conference Lexington, KY  
 Rationale for Attendance School Improvement Strategies, Resources, Ideas  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TQ

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
**Prior Superintendent Approval:**  Approved  Not Approved...  
 Reason: \_\_\_\_\_ Superintendent Signature [Signature] Date 8/8/24  
Required if Expenses are Paid by Grant Funds

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total	
					Amount	Explanation		
9/22				20			20	
9/23				40			40	
9/24				20			20	
							Reimbursement Due	80-

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature [Signature] Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:  
 \_\_\_\_\_  
 Coding \_\_\_\_\_  
 \_\_\_\_\_  
 CFO-Approval \_\_\_\_\_

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

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Sam Northern Date Submitted 7/30/24  
 School/Work Site SES  
 Name of Meeting/Conference Scott Trimble  
 Date(s) of Meeting/Conference Oct. 24-25, 2024 Departure Time 6 am <sup>Oct 24</sup> Return Time 4 pm <sup>Oct 25</sup>  
 Place of Meeting/Conference Louisville, KY  
 Rationale for Attendance Assessment and collaborative teaching practices  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TA

**Estimated Expenses:**

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

Principal Signature: \_\_\_\_\_ Grant/Admin: [Signature]  
 Required if Expenses are Paid by Grant Funds  
**Prior Superintendent Approval:**  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature [Signature] Date 8/8/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

Date	# Miles	Charge @ \$.46	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
10/24				40			40
10/25				20			20
<b>Reimbursement Due</b>							<u>\$60</u>

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

[Signature]  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use:

\_\_\_\_\_

Coding

\_\_\_\_\_

CFO Approval

\_\_\_\_\_

# SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Chris Pyles Date Submitted 7/18/2024  
 School/Work Site Franklin Elementary School  
 Name of Meeting/Conference KASA Leadership Institute  
 Date(s) of Meeting/Conference July 24-26 Departure Time 8:00 a.m. Return Time 3:00 p.m.  
 Place of Meeting/Conference Galt House Hotel, Louisville, KY  
 Rationale for Attendance Administrative Professional Development  
 Expenses paid by:  SBDM  PD  Spec Ed  KETS  Other (MUST Specify) TQ

**Estimated Expenses:**

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80.00</u>	<u>\$108.56</u>				<u>\$188.56</u>

Principal Signature: J. Anderson Grant/Admin: [Signature]  
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds  
 Approved  Not Approved...  
 Reason \_\_\_\_\_ Superintendent Signature \_\_\_\_\_ Date 7/18/24

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

## TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature [Signature] Date 7/23/2024  
 Supervisor Signature [Signature] Date 7/23/24

**Reimbursement Due**

Central Office Use:

\_\_\_\_\_  
Coding

\_\_\_\_\_  
CFO Approval