

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 Shelina Smith Date Submitted 8-6-24
 School/Work Site LO
 Name of Meeting/Conference Continuous Improvement
 Date(s) of Meeting/Conference 9-22, -24, 2024 Departure Time 6am Return Time 4pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance CDIP Requirements
 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.-	158.24				

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

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

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 Mallory Sterling Date Submitted 07/03/2024
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference KASA
 Date(s) of Meeting/Conference 07/24-07-26/2024 Departure Time 7:00 AM Return Time 3:00 PM
 Place of Meeting/Conference Galt House
 Rationale for Attendance To strengthen and develop administrative skills.
 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
\$499.00	444.78						

Principal Signature: _____ Grant/Admin: *Shirley Smith*
Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____ Superintendent Signature *J. S. H.* Date 7/15/24

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

CEO-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 Mallory Sterling Date Submitted 7/30/24
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference Continuous Improvement Summit
 Date(s) of Meeting/Conference 9/22 - 9/24/24 Departure Time 3:00 a/22 Return Time 9/24 8 pm
 Place of Meeting/Conference Central Bank Center - Lexington, KY
 Rationale for Attendance Professional Development, Growth Plan, KDE Updates
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) TR

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</u>	80				

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	
<u>9/22</u>				20 20			
<u>9/23</u>				40 40			
<u>9/24</u>				20 20			
Reimbursement Due							

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] 7/30/24
 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 Mallory Sterling Date Submitted 7/30/24
 School/Work Site Franklin Simpson Middle
 Name of Meeting/Conference Scott Trimble
 Date(s) of Meeting/Conference 10/24 - 10/25 Departure Time 6:00 AM Return Time 6:30 PM
 Place of Meeting/Conference Gronne Hotel - Louisville
 Rationale for Attendance Growth Plan, Professional Development, KDE updates
 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
		60 ⁰⁰					

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			
10/25				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

[Signature] 7/30/24
 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

Coding

GFO 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 Stacy Vaughn Date Submitted 7/30/2024
 School/Work Site LES
 Name of Meeting/Conference Continuous Improvement
 Date(s) of Meeting/Conference Sept. 23-24 Departure Time Sept. 22 ~~6am~~ 3pm Return Time Sept. 24 ~~8pm~~ 6:30
 Place of Meeting/Conference Central Bank Center Lexington, KY
 Rationale for Attendance Professional Development, Growth Plan, KDE Updates
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) TD

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.-					

Principal Signature: _____ Grant/Admin: [Signature]
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 9/8/24

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	
9/22						20	20
9/23						40	40
9/24						20	20
							80. ⁰⁰

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 7/30/24
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Reimbursement Due 80.⁰⁰

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 Stacy Vaughn Date Submitted 7/30/2024
 School/Work Site LES
 Name of Meeting/Conference Scott Trimble
 Date(s) of Meeting/Conference Oct. 24 + 25 Departure Time ~~8:00am~~ 6:00am Return Time ~~8:00pm~~ 6:30pm
 Place of Meeting/Conference Crowne Hotel
 Rationale for Attendance Growth Plan, Professional Development, KDE 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
		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	
10/24							40
10/25							20
Reimbursement Due							60.00

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 7/30/2024

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 Kim Whitney Date Submitted 7/30/24
 School/Work Site CO
 Name of Meeting/Conference Continuous Improvement
 Date(s) of Meeting/Conference Sept. 23-24 Departure Time Sept. 22/8pm Return Time Sept. 24 8
 Place of Meeting/Conference Central Bank Center Lexington, Ky
 Rationale for Attendance Professional Development, Growth Plan., KDE 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
		<u>80⁰⁰</u>					<u>80⁰⁰</u>

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	

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 Kim Whitney Date 7/30/24

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO-Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Kim Whitney Date Submitted 7/30/24

School/Work Site CO

Name of Meeting/Conference Scott Trimble

Date(s) of Meeting/Conference 10/24-10/25 Departure Time 10/24 6am Return Time 10/25 6:30

Place of Meeting/Conference Louisville, Ky Crowne Hotel

Rationale for Attendance PD, Growth Plan, KDE 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
		<u>60.00</u>					<u>60.00</u>

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

Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____ Superintendent Signature JSH 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	

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 Kim Whitney Date 7/30/24

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 Michael Wie Date Submitted 7/15/24
 School/Work Site ESHS
 Name of Meeting/Conference KASA Conf
 Date(s) of Meeting/Conference 7/24 - 7/26 Departure Time 12:00 Return Time 3:00
 Place of Meeting/Conference Gall House, Louisville, KY
 Rationale for Attendance PD & EICA
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) KASA TR

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
\$399	\$445	\$80	\$120	—	—	—	\$1044

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature: [Signature] Date: 7/19/24

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 _____

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 Leah Wood Date Submitted 7.31.24
 School/Work Site FSHS
 Name of Meeting/Conference Continuous Improvement
 Date(s) of Meeting/Conference 9.23-9.24 Departure Time 6:00am Return Time 6:00pm
 Place of Meeting/Conference Lexington, Ky
 Rationale for Attendance School Improvement
 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
		\$120	\$158.24				\$278.24

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	

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.

Leah Wood 7.30.24
 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 Leah Wood Date Submitted 8-1-24
 School/Work Site FCHS
 Name of Meeting/Conference Scott Trimble
 Date(s) of Meeting/Conference 10.24 - 10.25 Departure Time 6:00am Return Time 6:00pm
 Place of Meeting/Conference Louisville, Ky
 Rationale for Attendance Teaching + Learning PD + updates
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) TR

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	\$123.28				\$203.28

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	

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 7.30.24
 Supervisor Signature [Signature] Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval
