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Employee Name	Syn 103	SU	Date	e Submitte	a_011&1	
School/Work Site	DAZS	DIII S	inskindend	PINT S	ummitt	
School/Work Site Name of Meeting/Conference	ence KASS	4-5	Popar	ture Time	ODAm Return Time	6:00 pm
Date(s) of Meeting/Confe	rence Opi.	2 V	Depart	in Man	1) 00	-
Place of Meeting/Confere	nce <u>LLWN</u>	gton 1	Mamot Cu	y Len	401	
Rationale for Attendance	DAHNW	Mg Eu	MEASTEN TOUR	AAUCT Coo	-:6.)	
Expenses paid by:	BDM PD [☐ Spec Ed	☐ KETS ☐ Other (MOST Spec		
Estimated Expenses:			4:6		ubstitute Other To	otal Est. Expenses
Registration Lodgii	ng Mea See policy	on back* \$	Mileage Airfa 0.46 per mile		100 per day	40.00
	100.0					
Principal Signature:			Grant/	admin:	Required if Expenses are Paid	by Grant Funds
Prior Superintendent App			4	Chl	20	c/14/2
ApprovedNo			Superintendent Sigr	nature		Date
(Cason						
	THE RESERVE TO SHARE THE PARTY OF THE PARTY	AND DESCRIPTION AND DESCRIPTIO				
Submit this section upon original required recei	nte and cionature	e any es.	TRAVEL EXP	ENSE R	EIMBURSEMENT	REQUEST
to a turn the description of to continue of	nte and cionature	e any es. -District Trave	TRAVEL EXPL Reimbursements MUS	ENSE R	ted within thirty (30) days of the t	ravel return date.***
to a turn the description of to continue of	nte and cionature	e any es. -District Trave Lodging	l Reimbursements MUS	ENSE R of be submitted Amoun	Other Expenses	REQUEST ravel return date.***
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original required recei	ipts and signature nd 03.225: "Out-of Charge @	-District Trave	Meals HO.DO	T be submit	Other Expenses	Total
original required recei	ipts and signature nd 03.225: "Out-of Charge @	-District Trave	Meals HO.DO	T be submit	Other Expenses	Total
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Employee Name	clina Sma	fi	Date	Submitted_	8-6-24	
School/Work Site	10		(4			
Manager of Manting/Confor	anca //N/1	now In	provence	<i>it</i>		
Date(s) of Meeting/Confe	erence 9-Z	2,-24,20	24 Depart	ure Time <u>6</u>	Return Tin	ne Tpm
Place of Mosting/Confer	ance LOVIV	noton, KY				
Rationale for Attendance	COIP	Required	unts			
Expenses paid by:	SBDM 🗆 PD [∃Spec Ed □ KI	ETS Other (!	MUST Specify	1)_/Q	
Estimated Expenses:						
Registration Lodg	ing Me. See policy	on back* \$0.46 p	er mile	NAME OF TAXABLE PARTY.	stitute Other	Total Est. Expenses
Principal Signature:			Grant/A	dmin:	whi Smet	
Prior Superintendent App			/	1 /11	Required if Expenses are Pa	id by Grant Funds
ApprovedN	ot Approved			-8M		8/8/24
Reason		Supe	erintendent Sign	ature		Date
Submit this section upon original required rece	ipts and signatur	es.			IMBURSEMEN'	
*** Per Board Policy 03.125	and 03.225: "Out-of	f-District Travel Rein	nbursements MUS	T be submitted	Mittill thirty (30) days of the	e traver return date.
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Employee Name	elina S	motes	Dat	e Submitted	8-6-24	
0 1 1/11/ 1- Cit-	(1)					
Name of Meeting/Confere	nce Sto	H Trimble	e Asses	sment		
Name of Meeting/Confere Date(s) of Meeting/Confere	ence 10-2	4,25,202	4Depar	ture Time_	S:00 day Return Tim	e 4PM
Place of Meeting/Conferen	nce Low	culle, KY				
Rationale for Attendance	Asse	ssment In	to Juyda	fes	77	
Expenses paid by:	BDM 🗆 PD	□ Spec Ed □ K	ETS Other	(MUST Speci	fy)/ Q	
Estimated Expenses:						
Registration Lodgin	g Me See policy	eals Mile on back* \$0.46 p			bstitute Other 7 00 per day	otal Est. Expenses
	100	119	7.60			
Principal Signature:			Grant/	Admin:/	Shehi Smile	
Prior Superintendent Appr				1	Required if Expenses are Paid	by Grant Funds
Approved No	t Approved			1	She	8/8/24
Reason		Supe	erintendent Sig	nature		Date
original required receip	ots and signatur	es.	DAFF FUL	FIASE IN	IMBURSEMENT	The Property of the Party of
*** Per Board Policy 03.125 an	d 03.225: "Out-o	f-District Travel Reir	mbursements MUS	ST be submitte		
*** Per Board Policy 03.125 and Date # Miles	d 03.225: "Out-o Charge @ \$.46	f-District Travel Rein Lodging	mbursements MUS	Amount	Other Expenses	
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*** Per Board Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Reir			Other Expenses	travel return date.***
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Employee Name	Mallory Sterl	ing ————————————————————————————————————	Date	Submitted	07/03/2024		
School/Work Site	Franklin-Simpson	Middle School					
Name of Meeting/C	onference KASA						
Date(s) of Meeting/	Conference 07/24	-07-26/2024	Depart	ure Time _	7:00 AM	_Return Time	3:00 PM
Place of Meeting/Co							
Rationale for Attend	danceTo strengthe	n and develop adm	nistrative skills.		12		-
Expenses paid by:	□ SBDM □ PD	□ Spec Ed □ I	(ETS Other (f	MUST Spec	ify) <i>[6</i> 5_		
Estimated Expenses	3:						
Registration			eage Airfa per mile		u bstitute .00 per day	Other T	otal Est. Expenses
\$499.00	444.78				0.	0	
Principal Signature:			Grant/A	dmin:/	Required if E	xpenses are Paid	by Grant Funds
Prior Superintender			1	11	traduction it p		2 /15/21
Approved Reason	Not Approved		erintendent Sign	ature			Date
Keason		Sup	erintendent sign	ature			
original require	n upon returning. Inc d receipts and signat	ures.	AVEL EXPE				
*** Per Board Policy 0	3.125 and 03.225: "Out	-of-District Travel Re	imbursements MUS	T be submitt			travel return date.***
Per Board Policy 0 Date # M	Charge @	-of-District Travel Re Lodging	imbursements MUS Meals	T be submitt Amoun	Other Expens		Total
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Affidavit: I hereby cert employee of Simpson charges qualifying for data furnished here with	iles \$.46 state of the control of the country schools in the reimbursement from the country is true and correct the country of the country schools in the count	Lodging cluded in the above s capacity of official kees Simpson County Beto the best of my known to t	Meals tatement were incur ousiness; that they a pard of Education; a wledge.	Amoun	Reimbu	rsement Due	A. () () () () () () () () () (

Employee Name Md	llong sterlin	nd		Date	e Submitt	ed <u>1</u>	30 24		
School/Work Site FV	anklin-amic	son Mido	Ilu so	hool	D	5.1			
Name of Meeting/Con	ference (DNTIV)	NIMI ZUNIII	Memu	unt	<u> JUWW</u>	IH	A 11.		ماء ا
Date(s) of Meeting/Co	oference 9 22	- 4 24 24	+	_Depar	ture Time	5.0	0 4 22 Ret	urn Time	9/24 8 pr
Place of Meeting/Conf	erence Cutty	al Bank (center	- K)	Kingto	NK	VD	C 11	.1
Rationale for Attendan								F 0	paates
Expenses paid by:	□SBDM □ PD	□ Spec Ed □	KETS 🗹	Other (MUST Spe	ecify) _	12		
Estimated Expenses:									
Registration Lo	dging Me See policy		leage per mile	Airfa		Substit \$100 per		er T	otal Est. Expenses
Principal Signature:				Grant/	Admin: 🔟	ON.	equired if Expense	es are Paid	by Grant Funds
Prior Superintendent A				1	1	1.1	danca ii Expense	es are raid	/-/-
Approved		Cum	erintend	ent Sign) >	m			Date
Neason		- Sup	erintena	eric Sigi	lature				
Submit this section up	on returning Includ	le any						4 EA IST	DECLIECT
original required re	ceipts and signatur	es. In							REQUEST
	ceipts and signatur 5 and 03.225: "Out-o	es. In		ents MUS	T be submi	tted wit Oth	hin thirty (30) da er Expenses	ays of the t	
original required re	ceipts and signatur 5 and 03.225: "Out-o	es. f-District Travel Re	imburseme	ents MUS eals		tted wit Oth	hin thirty (30) da	ays of the t	travel return date.***
original required re	ceipts and signatur 5 and 03.225: "Out-o	es. f-District Travel Re	imburseme	ents MUS	T be submi	tted wit Oth	hin thirty (30) da er Expenses	ays of the t	travel return date.***
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original required re *** Per Board Policy 03.12 Date # Miles 9 22 0 23	ceipts and signatur 5 and 03.225: "Out-o	es. f-District Travel Re	imburseme	ents MUS	T be submi	tted wit Oth	hin thirty (30) da er Expenses	ays of the t	travel return date.***
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original required re *** Per Board Policy 03.12 Date # Miles 9 22 9 23 9 24 Affidavit: I hereby certify to	ceipts and signatur 5 and 03.225: "Out-or Charge @ \$.46	es. f-District Travel Re Lodging ded in the above s	Me Solution Me	Pals 20 40 20 vere incu	Amou	Oth	hin thirty (30) da er Expenses	ion	travel return date.***
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Employee Name Mal	orl storling	1	Dat	e Submitte	1 30 24	
School/Work Site	MP NIAME	ison Mi	iddle			
Name of Meeting/Con		Trimble	1			
Date(s) of Meeting/Co	nference 10 2	1 - 10 25	Depar	ture Time_	0:00 AM Return	rime <u>(4:30 PN</u>
Place of Meeting/Conf	erence (Y OWY)	Hotel -	- Louisville			
Rationale for Attendar	ce Growth	Plan, Pr	ofessiona	Deve	lopment KDE	Eupolates
	□ SBDM □ PD		KETS Other	(MUST Spec	cify) TQ	
Estimated Expenses:						
Registration Lo			leage Airf		ubstitute Other	Total Est. Expenses
. 新国国际的最高的		00	5 per mile	\$	1.00 per day	
	(00					
Principal Signature:			Grant/	Admin:	Them Sout	T
Prior Superintendent A	pproval:		1	~11	Required if Expenses are	Paid by Grant Funds
Approved	Not Approved		5	SWC		8/8/24)
Reason		Suj	perintendent Sig	nature		Date
Submit this section up	on returning, Inclu	de any	ALVEL EVA	ENICE D	CINADI IDOENATI	UT DEALIEST
Submit this section up original required re	ceipts and signatur	es.			EIMBURSEMEI	
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Employee Name 5HC	acy Van	5hn	Date	Submitted	7/30/2024	
Name of Meeting/Conference Date(s) of Meeting/Confe	I Robinson	nic Inn	Denart	uro Timo Ceni	22 Jam 3pm	6: Sold 24 87
Date(s) of Meeting/Conference of Meeting/Conference	rence	Bank Dax	Le Le Xini	ataa K4	· CC · Neturi IIII	Se 30/1.21
					VDC 13)
Rationale for Attendance	Protession	al Devel	opment, C	srowth PI	an, NUE Upo	lates
Expenses paid by:	SBDM □ PD □]Spec Ed □ K	ETS Other (N	MUST Specify) _	14	
Estimated Expenses:	ng Mea		eage Airfa	re Substit	rute Other 1	Total Est. Expenses
Principal Signature: Prior Superintendent App	See policy of Solution Solutio	on back* \$0.46 p	per mile	\$100 per		
V Approved No		Sun	erintendent Sign	ature		9 8 29 Date
·		5up	ermendent organ			
Submit this section upon original required recei	pts and signature	15.			ABURSEMENT thin thirty (30) days of the	
STERNANDEL WITH STORY	Charge @	Lodging	Meals		er Expenses	Total
Date # Miles	Complete the second second second second	Lodging	Meals	Oth Amount	er Expenses Explanation	Total
Date # Miles	Charge @	Lodging	Meals		er Expenses Explanation 20	Total 20
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Date # Miles	Charge @	Lodging	Meals		er Expenses Explanation 20	Total 20
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Date # Miles 9 22 9 23	Charge @	Lodging	Meals		er Expenses Explanation 20 40	Total 20 40
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Date # Miles 9 22 9 23 9 24 Affidavit: I hereby certify that	Charge @ \$.46	ed in the above st	atement were incur	Amount	er Expenses Explanation 20 40	Total 20 40
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	NO.		1 /	
Employee Name Stacy Var School/Work Site LES	ighn	Date Submitted _	7/30/2024	
School/Work Site				
Name of Meeting/Conference	itt Kimble		6:00aaa	~ (a'300m
Date(s) of Meeting/Conference	1. 24 + 25	Departure Time	6:00am Return Time	e Spra
Place of Meeting/Conference				<i>i</i>
Rationale for Attendance	th Plan, Profes	sinal Developn	nest, KDE Upd	ates
Expenses paid by:	O Spec Ed KETS	☑ Other (MUST Specify	100	
Estimated Expenses:				
Registration Lodging See	Meals Mileage colicy on back* \$0.46 per mile		titute Other T per day	otal Est. Expenses
	50.			
Principal Signature:		_ Grant/Admin:	Thelin Smill	
Prior Superintendent Approval:		1 -11	Required if Expenses are Paid	by Grant Funds
Approved Not Approved	l	18/		8/8/24
Reason	Superinter	ndent Signature		Date
Submit this section upon returning. In	clude any		A ADLIBGEA AFAIT	DEOLIGE
original required receipts and sign		L EXPENSE REI	INIBORŽEINIEIMI	KEUUESI
	atures. IRAVE			
original required receipts and sign	atures. I KAVE ut-of-District Travel Reimburser	ments MUST be submitted v		
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "Charge @	atures. I KAVE ut-of-District Travel Reimburser	ments MUST be submitted v	vithin thirty (30) days of the t	travel return date.***
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original required receipts and sign *** Per Board Policy 03.125 and 03.225: "0 Date # Miles Charge @ \$.46 10 2 4 10 25 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	Lodging N Lodging N ncluded in the above statement e capacity of official business; the Simpson County Board of E	Teals Amount t were incurred by an that they are proper	ther Expenses Explanation	Total
original required receipts and sign *** Per Board Policy 03.125 and 03.225: "0 Date # Miles Charge @ \$.46 10 2 4 10 25 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the state of the sign	Lodging N Lodging N ncluded in the above statement e capacity of official business; the Simpson County Board of E	Teals Amount t were incurred by an that they are proper ducation; and that all	ther Expenses Explanation	Total
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Employee Name	nWhitne	ή	Date S	ubmitted	7/30/24	
School/Work Site	(1)					
Name of Meeting/Confer		innons In	nprove me .	<u> </u>		
Date(s) of Meeting/Confe	erence Sept	23-24	Departur	re Time	Pt. 22 3 Priketurn T	ime <u>Sept. 248</u>
Place of Meeting/Confer	ence CENTY	l bont (br	ter Lex	lingbr	. //	1, 1, 5, 6
Rationale for Attendance	<u> Ynotessin</u>	nel Verdop	ment, Or	nwth	Plan, FUE	wartes
Expenses paid by:	SBDM □ PD [☐ Spec Ed ☐ KET	S 💆 Other (MI	UST Speci	y) <u>10</u>	
Estimated Expenses:						
Registration Lodg Principal Signature:	ing Me: See policy			\$10	Oper day	Total Est. Expenses
Prior Superintendent App	roval:		1 ~	11	Required if Expenses are I	Paid by Grant Funds
Approved N	ot Approved		18	W		8/8/24
Reason		Superi	ntendent Signat	ture		Date
Submit this section upor original required rece	returning. Includ	e any TRA	VEL EXPE	VSE RE	IMBURSEMEN	IT REQUEST
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	CATALOG STATE OF THE STATE OF T		oe submitte	d within thirty (30) days of t Other Expenses	
*** Per Board Policy 03.125	and 03.225: "Out-of	-District Travel Reimb	oursements MUST b		d within thirty (30) days of t	he travel return date.***
*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Reimb	oursements MUST b	oe submitte	d within thirty (30) days of t Other Expenses	he travel return date.***
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*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Reimb	oursements MUST b	oe submitte	d within thirty (30) days of t Other Expenses	he travel return date.***
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*** Per Board Policy 03.125	and 03.225: "Out-of Charge @	-District Travel Reimb	oursements MUST b	oe submitte	d within thirty (30) days of t Other Expenses	he travel return date.***
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Employee Name <u>Fim Whithey</u> Date Sub	omitted 7/30/24
School/Work Site	
Name of Meeting/Conference SCAH, Thmble	
Date(s) of Meeting/Conference 10/24 - 10/25 Departure	Time 10 21 Gar Return Time 10 25 63
Place of Meeting/Conference DWSVIIIe Ky Cron	me Hotel
Rationale for Attendance PD, Gnwth Plan, KDE	Updates
Expenses paid by:	ST Specify) $7Q$
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Grant/Admi	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8824
ReasonSuperintendent Signatur	re Date
CAD STOCKED AS LANGUAGE PROPERTY OF THE PROPER	SE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be: Charge @ Lodging Meals	Other Expenses Total
Charge @ Lodging Meals	Other Expenses
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
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Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Amount Explanation Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred employee of Simpson County Schools in the capacity of official business; that they are p charges qualifying for reimbursement from the Simpson County Board of Education; and the data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Total Description Reimbursement Due Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred employee of Simpson County Schools in the capacity of official business; that they are p charges qualifying for reimbursement from the Simpson County Board of Education; and the data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Total by an Reimbursement Due roper at all
Affidavit: I hereby certify that all expenses included in the above statement were incurred employee of Simpson County Schools in the capacity of official business; that they are p charges qualifying for reimbursement from the Simpson County Board of Education; and the data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation Total By an roper at all Central Office Use:

Employee Name Moschool/Work Site	5 HS			Submitted	7/5/24	
Name of Meeting/Confere Date(s) of Meeting/Confer	ence CAS	7/26	Depart			me_ <u>J: →</u>
Place of Meeting/Conferen	nce 6013	Hors	r louse	le Fg		
Rationale for Attendance	PD & E	(CA				
Expenses paid by:	BDM 🗆 PD 🚨 Sp	ec Ed D KET:	S 🛮 Other (I	MUST Specify)	bass 7Q	
Estimated Expenses:				U.S.	and the second	
Registration Lodgin	See policy on bad	Mileag :k* \$0.46 per n		re Subst \$100 p		Total Est. Expenses
Principal Signature: Prior Superintendent Appr Approved No			1-8h		Required if Expenses are P	7/19/24
Reason		_ Superir	ntendent Sign	ature		Date
*** Per Board Policy 03.125 an Date # Miles	ots and Algnatures. d 03.225: "Out-of-Distr	I KA		F be submitted w	her Expenses	
Affidavit: I hereby certify that a employee of Simpson County 5 charges qualifying for reimburs data furnished here within is true.	Schools in the capacity sement from the Simpso	of official busing on County Board	ess; that they a of Education; a	re proper nd that allCe	Reimbursement Du	e
employee of Simpson County S charges qualifying for reimburs	Schools in the capacity sement from the Simpso	of official busing on County Board	ess; that they a of Education; a	re proper nd that allCe	and the second s	e

Employee Name Leah Wood School/Work Site Franklin-Simpson High School Name of Meeting/Conference Date(s) of Meeting/Conference Date(s) of Meeting/Conference Galt House Hotel, Louisville, Ky Rationale for Attendance Expenses paid by: Sepenses Paid by: Registration Sepenses: Meals See policy on back* Mileage Substitute Stooper day Departure Time 6:00am Return Time 6:00pm Return Time 6:00pm Return Time 6:00pm Airfare Substitute Substitute Substitute Substitute Stooper day
Name of Meeting/Conference KASA Conference Date(s) of Meeting/Conference July 24-26 Place of Meeting/Conference Galt House Hotel, Louisville, Ky Rationale for Attendance Yearly Administrative Conference Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Estimated Expenses: Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expenses
Date(s) of Meeting/Conference July 24-26
Place of Meeting/Conference Galt House Hotel, Louisville, Ky Rationale for Attendance Yearly Administrative Conference Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Estimated Expenses: Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expenses
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Estimated Expenses: Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expenses
Estimated Expenses: Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expenses
Registration Lodging Meals Mileage Airfare Substitute Other Total Est. Expenses
Registration Loughig means
\$120 \$123.28 \$243.28
Principal Signature: Grant/Admin: Grant/Admin:
Prior Superintendent Approval:
Approved Not Approved
Reason Superintendent Signature Date
Submit this section upon returning. Include any original required receipts and signatures. TRAVEL EXPENSE REIMBURSEMENT REQUEST *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.*** Other Expenses
Date # Miles Charge @ Lodging Meals Amount Explanation Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an 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
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
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. Central Office Use:
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

Employee N	ame <u>Leat</u>	Nood		Dat	e Submitted	7.31.24	
	k Site <u>F3H</u>						
Name of Me	eting/Confere	ence <u>Contin</u>	MOUS In	ublons	204	•	
Date(s) of M	leeting/Confe	rence 9.3	3-9.24	Depar	ture Time _	6:00 am Return Tir	me 6:00pm
			ngton, K				
Rationale fo	r Attendance	School	Improvem	vent.		+n	
Expenses pa	id by: 🗆 S	SBOM DPD [□ Spec Ed □ K	ETS Other	(MUST Spec	ify) [L	
Estimated E	xpenses:						
Registratio	on Lodgir	ng Me See policy		THE RESERVE AND ADDRESS OF THE PARTY OF THE		ubstitute Other .00 per day	Total Est. Expenses
Description of the second	I control populations	\$126	-1	8.24			\$278.24
				Crant/	Admin:	SM. S.	
Principal Sig Prior Superi	nature: ntendent App	roval:		Grand	Admin.	Required if Expenses are Pa	aid by Grant Funds
		ot Approved		1	≤ 11		elsley
Reason			Supe	erintendent Sig	nature		Date
		returning. Including interesting in the properties and signatures.		AVEL EXP	ense r	EIMBURSEMEN	T REQUEST
*** Per Board	I Dolley 02 125 a	nd 03 225: "Out-of	District Travel Rei	mhursements Mill	ST he suhmitt	ed within thirty (30) days of th	- August making data ***
	I Policy 03.125 a	nu us.zzs. out-or	-District Travel Ken	induscricines in o	of be submitte		ie travei return date.
Date	# Miles	Charge @	Lodging	Meals	Amoun	Other Expenses	Total
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	THE STREET	Charge @		4 S 4 S 3 to 10 St		Other Expenses	
	THE STREET	Charge @		4 S 4 S 3 to 10 St		Other Expenses	
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	THE STREET	Charge @		4 S 4 S 3 to 10 St		Other Expenses	
Date	# Miles	Charge @ \$.46	Lodging	Meals	Amoun	Other Expenses	Total
Date Affidavit: I he employee of	# Miles	Charge @ \$.46 all expenses include Schools in the ca	Lodging ded in the above sta	Meals atement were incusiness; that they	Amoun	Other Expenses t Explanation	Total
Affidavit: I he employee of charges qualit	# Miles reby certify that Simpson County fying for reimbur	Charge @ \$.46 \$.46 all expenses includes Schools in the carsement from the Schools	Lodging	Meals atement were incusiness; that they ard of Education;	Amoun	Other Expenses t Explanation	Total
Affidavit: I he employee of charges qualit	# Miles reby certify that Simpson County fying for reimbur	Charge @ \$.46 \$.46 all expenses includes Schools in the carsement from the Schools	Lodging ded in the above state pacity of official bus	Meals atement were incusiness; that they ard of Education; viedge.	Amoun	Other Expenses t Explanation Reimbursement Due	Total
Affidavit: I he employee of charges qualidata furnished	# Miles reby certify that Simpson County fying for reimburd here within is to	Charge @ \$.46 \$.46 all expenses includes Schools in the carsement from the Schools	Lodging ded in the above state pacity of official bus	Meals atement were incusiness; that they ard of Education;	Amoun	Other Expenses t Explanation Reimbursement Due	Total
Affidavit: I he employee of charges qualit	# Miles reby certify that Simpson County fying for reimburd here within is to	Charge @ \$.46 \$.46 all expenses includes Schools in the carsement from the Schools	Lodging ded in the above state pacity of official bus	Meals atement were inclusiness; that they ard of Education; yledge.	Amoun	Central Office Use:	Total
Affidavit: I he employee of charges qualid data furnished	# Miles reby certify that Simpson County fying for reimbur there within is tr	charge @ \$.46 \$.46 all expenses include Schools in the carsement from the Strue and correct to the structure of the str	Lodging ded in the above state pacity of official bus	Meals atement were inclusiness; that they ard of Education; yledge. 7.30.2 Date	Amoun	Central Office Use:	Total e

PERMIT						9-1-74	
	me <u>Leah</u>			Dat	e Submitted	8-1-24	
	Site <u>FOH</u>						
			+Trimble				1 . 2 . 2
			4-10.00		ture Time _	<u>െ റഠരന</u> Return Tim	e <u>10:00pm</u>
Place of Mee	ting/Conferer	nce LOUIS	oville, Ky	5			
Rationale for	Attendance_	leachi	ngt Leo □ Spec Ed □ K	ming h	7+ Mba	Th	·
Expenses pai	d by: 🔲 Si	BDM 🗆 PD	☐ Spec Ed ☐ K	ETS Other	(MUST Speci	fy)	
Estimated Ex	penses:						
Prior Superin	n Lodgin nature: tendent Appr red No	See policy See policy	y on back* \$0.46 p	4	Admin:	0 per day	DDD. D8 Dy Grant Funds
Reason			Sup	erintendent Sig	nature		Date /
originali	required receil	ots and signatur				IMBURSEMENT	
*** Per Board Date	Policy 03.125 an	d 03.225: "Out-o Charge @ \$.46				d within thirty (30) days of the Other Expenses	
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	Policy 03.125 an	d 03.225: "Out-o Charge @	f-District Travel Rei	mbursements MU	ST be submitte	d within thirty (30) days of the Other Expenses Explanation	travel return date.***
*** Per Board Date Affidavit: here	# Miles	d 03.225: "Out-o Charge @ \$.46	Lodging Lodging	Meals Meals atement were income	Amount Amount	d within thirty (30) days of the Other Expenses	travel return date.***
Affidavit: here employee of Si charges qualify	# Miles # Diles # Miles Eby certify that a impson County sing for reimburs	charge @ \$.46 sll expenses incluschools in the caement from the	f-District Travel Rei	Meals Meals atement were incusiness; that they ard of Education; aviedge.	Amount Amount arred by an are proper and that all	d within thirty (30) days of the Other Expenses Explanation	travel return date.***
Affidavit: here employee of Si charges qualify	# Miles # Miles eby certify that a impson County sing for reimburs here within is true.	charge @ \$.46 sll expenses incluschools in the caement from the	Lodging Lodging ded in the above stapacity of official be Simpson County Bo	Meals Meals atement were incusiness; that they ard of Education;	Amount Amount urred by an are proper and that all	d within thirty (30) days of the Other Expenses Explanation Reimbursement Due	travel return date.***
Date Affidavit: here employee of Sicharges qualify data furnished	# Miles # Miles eby certify that a impson County sing for reimburs here within is true. @ Description of the county of the co	charge @ \$.46 sll expenses incluschools in the caement from the	Lodging Lodging ded in the above stapacity of official be Simpson County Bo	Meals Meals atement were incusiness; that they ard of Education; aviedge.	Amount Amount arred by an are proper and that all	Reimbursement Due Central Office Use:	travel return date.***

OUT-OF-DISTRICT TRAVEL AUTHORIZ	
Employee Name Rachel Wright Date Submitted 7/24/24	
School/Work Site	
Name of Meeting/Conference KDE/RTC restings Date(s) of Meeting/Conference 8/28-29, 12/18-19, 3/5-6 5/1-8 Departure Time 6.00 Return Time	6.00
Place of Meeting/Conference andurson Boadroom	
Rationale for Attendance KDE/RTC meetings	
Expenses paid by: SBDM PD Spec Ed KETS POther (MUST Specify)	
MIANGA AIII die Junioria	otal Est. Expenses
Registration See policy on back? 50.46 per mile \$100 per day	1040.00
	1 m a condu
Principal Signature: Required if Expenses are Paid & Prior Superintendent Approval:	by Grant Funds
Approved Not Approved	7/29/24
Committee dent Signature	Date
ReasonSuperintendent Signature	
TRAVEL EXPENSE REIMBURSEMENT on Employed Federal Stand Federal Federa	REQUEST ravel return date.***
	Total
Date # Miles Charge Lodging Meals Amount Explanation	
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. Reimbursement Due Central Office Use:	
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. Central Office Use:	
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 employee of Simpson County Board of Education; and that all	