School/Wor	lame Med	15	(4)			9/9/24	
Name of Me	eeting/Confere	nce FCC	LA Fall L	eadership	Meeti	8.00am Return Tim	2100
						Return Tim	ne 5:00 pm
Place of Me	eting/Conferer	nce West	ern Kent	ncky Uni	versity		
Rationale fo	or Attendance_	officer	training	·	20		
Expenses pa	aid by: 🗖 SI	BDM 🗆 PD	□ Spec Ed □	KETS 🖸 Other (MUST Specif	Perkins	
Estimated E							
Registratio	on Lodgin	•		leage Airfa per mile	\$100	stitute Other per day	Total Est. Expenses
Prior Superi	gnature: ntendent Appr oved No	t Approved		Grant/A	Admin:	Required if Expenses are Pai	id by Grant Funds 5/u/24 Date
	is section upon r I required receip			AVEL EXPE	ENSE RE	IMBURSEMEN ⁻	T REQUEST
			11 6 37	imbursements MUS		within thirty (30) days of the Other Expenses Explanation	
Date Date Affidavit: I he	# Miles # reby certify that a	d 03.225: "Out- Charge @ \$.46	Lodging Lodging Lodging	Meals	Amount	within thirty (30) days of the Other Expenses	Total
Affidavit: I he employee of charges qualit	# Miles # Miles reby certify that a Simpson County Stying for reimburs d here within is true.	charge @ \$.46 Schools in the ement from the	Lodging Lodging luded in the above scapacity of official by	Meals tatement were incur business; that they a	Amount rred by an are proper and that all	within thirty (30) days of the Other Expenses Explanation	Total

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

CFO Approval

C INTERNATIONAL BURNSHIP AND A STATE OF THE PARTY OF THE			1	
Employee Name Chelsea	Adams	Date Submitted	8/16/24	
School/Work Site FSHS YS	C	4		
Name of Meeting/Conference Pe	gional Meet			
Date(s) of Meeting/Conference 9	19/24	Departure Time _	7:30 km Return Ti	me 3:30 PM
Place of Meeting/Conference	roe County	NUMESS (enter tomp	Kinsville, K
Rationale for Attendance <u>FRYS</u>	c Region M	uting		
Expenses paid by:	Spec Ed I KETS	Other (MUST Spec	ify) <u>0402104-05</u>	80-128L
Estimated Expenses:				8
Registration Lodging See p	Meals Mileage S0.46 per mile		ubstitute Other 100 per day	Total Est. Expenses
Principal Signature:		Grant/Admin:	and -	
Prior Superintendent Approval:	,	1 -14	Regular Life Expenses are Pa	aid by Grant Funds
Approved Not Approved	l	1 8/1		8/21/24
Reason	Superinte	endent Signature		Date
*** Per Board Policy 03.125 and 03.225: "O Date		ements MUST be submitte Meals Amoun	Other Expenses	e travel return date.*** Total
Affidavit: I hereby certify that all expenses i employee of Simpson County Schools in the charges qualifying for reimbursement from data furnished here within is true and correct	e capacity of official business the Simpson County Board of	; that they are proper Education; and that all	Reimbursement Due	
Tarriba (1616 William) & Side did 601166	- 12 the Bost of thy knowledge	•	Central Office Use:	:
Employee Signature		Date	Coding	· ;
Supervisor Signature		Date	CFO Approval	

Employee Name Chel	rea Adams	Date Subm	nitted 8 14 24	
School/Work SiteF.S.H	S YSC	11001000 +	rice i la m	
Name of Meeting/Conference	0/0	inators Tr		/a:000ma
Date(s) of Meeting/Conferen	ice 9 23 - 9 2 6	Departure Ti	me 4:30 pm Return Ti	me
Place of Meeting/Conference	Double Tree	Suites		
Rationale for Attendance	FRYSC Loordi	nators Tro	aining	
Expenses paid by:	M □ PD □ Spec Ed □ KI	ETS Other (MUST	Specify) 4402104- (0590-128L
Estimated Expenses:				
Registration Lodging	Meals Mile See policy on back* \$0.46 p		Substitute Other \$100 per day	Total Est. Expenses
Principal Signature:		Grant/Admin:		
Prior Superintendent Approx		1	gequired if Expenses are P	aid by Grapt Funds
Approved Not A	pproved			8/21/24
Treason	Supe	rintendent Signature		Date
表现的表示 经济运动 快	3.225: "Out-of-District Travel Rein	nbursements MUST be sul	E REIMBURSEMEN pmitted within thirty (30) days of the Company of	he travel return date.***
Date # Miles	\$.46 Lodging	Meals An	nount Explanation	Total
			a	
employee of Simpson County Sch charges qualifying for reimbursen	expenses included in the above states and correct to the best of my know	siness; that they are prop ord of Education; and that	per	e
employee of Simpson County Sch charges qualifying for reimbursen data furnished here within is true	ools in the capacity of official bu ent from the Simpson County Boa	siness; that they are prop ord of Education; and that ledge.	Central Office Use:	e
employee of Simpson County Scharges qualifying for reimbursen	ools in the capacity of official bu ent from the Simpson County Boa	siness; that they are prop ord of Education; and that	oer all	e

Employee Name TONJA ACIAMS	Date Submitted
School/Work Site StS	
Name of Meeting/Conference Joseph Renaus	gave Slobal Conference
Date(s) of Meeting/Conference July 15 - 18,200	Departure Time <u>VUM</u> Return Time <u>200</u>
Place of Meeting/Conference	
Rationale for Attendance	
Expenses paid by: \square SBDM \square PD \square Spec Ed \square KETS \square	Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage See policy on back* \$0.46 per mile	Airfare Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Prior Superintendent Approval:	Grant/Admin: Alanop Required if Expenses are Paid by Grant Funds
Approved Approved Superintend	ent Signature Date
Ungniarredan de receipts missignatures.	EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursem	ents MUST be submitted within thirty (30) days of the travel return date.***
Date # Miles Charge @ Lodging Me	Other Expenses Total
Date # Miles Charge @ Lodging Me	Other Expenses
Date # Miles Charge @ Lodging Me	Other Expenses Total
Date # Miles Charge @ Lodging Me	Other Expenses Total
Date # Miles Charge @ Lodging Me 1524 1624 1724	Other Expenses Amount Explanation OP 15401 OP 4000 4000 4000
Date # Miles Charge @ Lodging Me	Other Expenses Total
Date # Miles Charge @ Lodging Me 1524 1624 1724	Other Expenses Amount Explanation OP 15401 OP 4000 4000 4000
Date # Miles Charge @ Lodging Me 1524 1624 1724	Other Expenses Amount Explanation OP 15401 OP 4000 4000 4000
Date # Miles Charge @ Lodging Me 15 24 10 24 11	Other Expenses Amount Explanation OR 154.01 Well 194.01 A 100
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; t	Other Expenses Amount Explanation OL 154.01 OL 400 400 Al 36.11 Were incurred by an nat they are proper
Date # Miles Charge @ Lodging Me 15 24 10 24 118 24 Affidavit: I hereby certify that all expenses included in the above statement	Other Expenses Amount Explanation OTH 154.01 OTH 154.01 OTH 160 Amount Explanation Total OTH 160 Amount Explanation Amount Indicate
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; tharges qualifying for reimbursement from the Simpson County Board of Ed	Other Expenses Amount Explanation OL 154.01 OL 400 400 Al 36.11 Were incurred by an nat they are proper
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; tharges qualifying for reimbursement from the Simpson County Board of Ed data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation OTH 154.01 OTH 154.01 OTH 160 Amount Explanation Total OTH 160 Amount Explanation Amount Indicate
Affidavit: I hereby certify that all expenses included in the above statement employee of Simpson County Schools in the capacity of official business; tharges qualifying for reimbursement from the Simpson County Board of Ed data furnished here within is true and correct to the best of my knowledge.	Other Expenses Amount Explanation OL 154.01 OL 400 400 Al 300 Al 300 Reimbursement Due 350.13 Central Office Use:

Employee Name	Sance	01					
Employee Name	13 miles	SIAWO	Dat	e Submitted	_ Aug.	lem	7024
School/Work Site	fsms 1	frysu					
Name of Meeting/Confe	erence	Signal A	DVISURE				
Date(s) of Meeting/Conf		4 2752	Depai	ture Time _	gam	Return Time	e_3:30pm
Place of Meeting/Confe	renceB	my spee	2 over	time 17	Sturant		
Rationale for Attendance	e ADV	isory S	late 1	run			
Expenses paid by:	SBDM □ PD	□ Spec Ed □ KE	TS DOther	(MUST Speci	fy) FR	15C	
Estimated Expenses:			\sim				· · · · · · · · · · · · · · · · · · ·
Registration Lodg		eals Milea on back* \$0.46 pe			bstitute 00 per day	Other T	otal Est. Expenses
							0
Principal Signature:	mel	12	Grant/.	Admin:			
Prior Superintendent Ap	proval:			1	Required if Exp	enses are Paid	by Grant Funds
Approved N				1	M_		8/20/24
Reason		Super	intendent Sig	nature			Date
*** Per Board Policy 03.125		and the second second			d within thirty (30		REQUEST travel return date.***
Date # Miles	Charge @ \$.46	Lodging	Meals		Other Expenses		Total
				Amount	Explai	nation	
				Amount	Explai	nation	
				Amount	Explai	nation	
				Amount	Explai	nation	
				Amount	Explai	nation	
				Amount	Explai	nation	
				Amount	Explai	nation	
				Amount	Explai	nation	
Affidavit: I hereby certify that employee of Simpson Count	at all expenses inclu	ded in the above stat	ement were incu	irred by an	Reimburse		
employee of Simpson Count charges qualifying for reimble	cy Schools in the caursement from the	pacity of official bus Simpson County Boar	iness; that they d of Education; a	arred by an are proper and that all	Reimburse	ment Due	
employee of Simpson Count	cy Schools in the caursement from the	pacity of official bus Simpson County Boar	iness; that they d of Education; a	arred by an are proper and that all		ment Due	
employee of Simpson Count charges qualifying for reimbu	cy Schools in the caursement from the	pacity of official bus Simpson County Boar	iness; that they d of Education; a	arred by an are proper and that all	Reimburse	ment Due	
employee of Simpson Count charges qualifying for reimbi data furnished here within is	cy Schools in the caursement from the	pacity of official bus Simpson County Boar	iness; that they d of Education; a edge.	arred by an are proper and that all	Reimburse Central Office	ment Due	

Employee Name CONStance Polar	Date Submitted Aug. 16-2024	
School/Work Site FSus FRY		
Name of Meeting/Conference Typion	alfoke Melts	
Date(s) of Meeting/Conference Sch. 16	10 7024 Departure Time 6.45 7 Return Time 3:	30pm
	CO. VeilMSS CENTER TOMPKINSVII KY	
Rationale for Attendance FUSC R	granal truining	
Expenses paid by:	Cother (MUST Specify) FlySC SwdS	701
Estimated Expenses:	0302104-0500-	.00-
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. \$0.46 per mile \$100 per day	Expenses
	611.5	200
Principal Signature:	Grant/Admin: 53	.13
Prior Superintendent Approval:	Required if Expenses are Paid by Grant	Fundş
Approved Not Approved	ASIL ol.	20/20
Reason	Superintendent Signature	Date
engen in the entire to the like itself in groups	TRAVEL EXPENSE REIMBURSEMENT REQ	UEST
*** Por Roard Policy 03 175 and 03 775: "Out_of_Dictrict Tr	eval Paimburraments MIIST ha submitted within thirty (20) days of the travel act.	معمام سن
Charge @	ovel Reimbursements MUST be submitted within thirty (30) days of the travel retu	据为处
	Other Expenses	ı rn date.*** otal
Date # Miles Charge @ Lodg	Other Expenses To	据为处
Date # Miles Charge @ Lodgi	Other Expenses To	据为处
Date # Miles Charge @ Lodgi	Other Expenses To	据为处
Date # Miles Charge @ Lodgi	Other Expenses To	据为处
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Date # Miles Charge @ Lodgi	Other Expenses To	据为处
Date # Miles Charge @ Lodgi	Other Expenses To	据为处
Date # Miles Charge @ S.46 Lodgi	Other Expenses To Amount Explanation To Amount	据为处
Date # Miles Charge @ \$.46 Charge @ \$.46 Charge @ \$.46 Lodgi Shape	Meals Amount Explanation To the Explanation	据为处
Date # Miles Charge @ Lodgi G-1972 115.5 @ 4Ce Affidavit: I hereby certify that all expenses included in the	Meals Amount Explanation To Amount Explanat	据为处
Date # Miles Charge @ \$.46 Charge @ \$.46 Charge @ \$.46 Lodgi Shape	Meals Amount Explanation To Amount Explanat	据为处
Date # Miles Charge @ \$.46 Charge @ \$.46 Charge @ \$.46 Lodgi Shape	Meals Amount Explanation To Amount Explanat	据为处
Affidavit: I hereby certify that all expenses included in the amployee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson Codata furnished here within is true and correct to the best of	Meals Amount Explanation To Amount Explanat	据为处

Employee N	lame AML	ser Cha	ndler	Date	e Submitted	9/9/2024	
	k Site TVA	1					
	eeting/Confer	1	FS Foo	d Shon	/		
Date(s) of N	leeting/Confe	rence 9/18	124	Depar	ture Time 🕇	Return Tim	e2:00pm
Place of Me	eting/Confere	nce Ky E	XDO CE		Louisv	ille, ky	-
Rationale fo	r Attendance	Annua	l tood	Show			-i
Expenses pa	aid by: 🗆 S	BDM 🗆 PD [□ Spec Ed □ K	ETS 🖪 Other (MUST Specif	vi Food ser	VICE
Estimated E	xpenses:						
Registratio	on Lodgii	See policy	on back* \$0.46 p	eage Airfa per mile) per day	Total Est. Expenses
Principal Sig	nature:			Grant/	Admin:		
	ntendent App			/	LC11	Required if Expenses are Pai	d by Grant Funds
	oved No				Sh	_	9/11/24
Reason			Sup	erintendent Sigr	nature		Date
	l required recei	returning. Included the control of t	CONTRACTOR OF THE PARTY OF THE	AVEL EXPI	ENSE RE	IMBURSEMENT	KEQUES!
*** Per Board	d Policy 03.125 a		-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
		nd 03.225: "Out-of			T be submitted	within thirty (30) days of the	
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	d Policy 03.125 a	nd 03.225: "Out-of Charge @	-District Travel Rei	mbursements MUS	T be submitted	within thirty (30) days of the Other Expenses	travel return date.***
*** Per Board	# Miles	nd 03.225: "Out-of Charge @ \$.46	-District Travel Rei Lodging	Meals	T be submitted Amount	within thirty (30) days of the Other Expenses Explanation	travel return date.***
Date Affidavit: I he employee of	# Miles # Miles reby certify that Simpson County	charge @ \$.46 \$.46	Lodging Lodging ded in the above st	Meals Meals atement were incursiness; that they	Amount Amount rred by an are proper	within thirty (30) days of the Other Expenses	travel return date.***
Date Date Affidavit: I he employee of charges quali	# Miles # Miles reby certify that Simpson County fying for reimbur	charge @ \$.46 substitute the substitute of the	Lodging Lodging ded in the above st	Meals Meals atement were incursiness; that they ard of Education; a	Amount rred by an are proper nd that all	within thirty (30) days of the Other Expenses Explanation	travel return date.***
Affidavit: I he employee of charges qualidata furnished	# Miles # Miles reby certify that Simpson County fying for reimbur d here within is to	charge @ \$.46 substitute the substitute of the	Lodging Lodging ded in the above st pacity of official besinesson County Bo	Meals Meals atement were incursiness; that they ard of Education; a wledge.	Amount rred by an are proper nd that all	within thirty (30) days of the Other Expenses Explanation Reimbursement Due Central Office Use:	travel return date.***
Date Date Affidavit: I he employee of charges quali	# Miles # Miles reby certify that Simpson County fying for reimbur d here within is to	charge @ \$.46 substitute the substitute of the	Lodging Lodging ded in the above st pacity of official besinesson County Bo	Meals Meals atement were incursiness; that they ard of Education; a	Amount rred by an are proper nd that all	within thirty (30) days of the Other Expenses Explanation Reimbursement Due	travel return date.***
Affidavit: I he employee of charges qualidata furnished	# Miles # Miles reby certify that Simpson County fying for reimbur d here within is to	charge @ \$.46 substitute the substitute of the	Lodging Lodging ded in the above st pacity of official besinesson County Bo	Meals Meals atement were incursiness; that they ard of Education; a wledge.	Amount rred by an are proper nd that all	within thirty (30) days of the Other Expenses Explanation Reimbursement Due Central Office Use:	travel return date.***

Employee Name	Cowles	Date Submitted	992024	
School/Work Site	School		' 1	
Name of Meeting/Conference	GFS FOOD	Show		
Date(s) of Meeting/Conference	918/24	Departure Time	Peturn Tim	e2:00pm
Place of Meeting/Conference	KY Expo G	inter la	suisville, K	/
Rationale for Attendance	mal tood s	show		
Expenses paid by:	□ PD □ Spec Ed □ KETS	Other (MUST Speci	ifu) Food Serv	re
Estimated Expenses:				
Registration Lodging	Meals See policy on back* \$0.46 per mi		bstitute Other I 00 per day	otal Est. Expenses
Principal Signature:		Grant/Admin:	Required if Expenses are Paic	I by Cront Funds
Prior Superintendent Approval:		40	Required if expenses are raid	a lact
Approved Not App		3h		9/11/24
Reason	Superini	endent Signature		Date
Submit this section upon return original required receipts and	d signatures. IRAV		EIMBURSEMENT	
Date # Miles	rge @ Lodging	Meals Amount	Other Expenses	travel return date.*** Total
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha	rge @ Lodging	Meals	Other Expenses	WELVERY I
Date # Miles Cha \$ Affidavit: I hereby certify that all expendence of Simpson County School	enses included in the above statems in the capacity of official busine.	Meals Amount ent were incurred by an es; that they are proper	Other Expenses	WELVERY I
Date # Miles Cha \$	enses included in the above statems in the capacity of official busines from the Simpson County Board of	ent were incurred by an ss; that they are proper f Education; and that all	Other Expenses Explanation	WELVERY I
Date # Miles Cha \$ Affidavit: I hereby certify that all expeemployee of Simpson County School charges qualifying for reimbursement data furnished here within is true and	enses included in the above statems in the capacity of official busines from the Simpson County Board of	ent were incurred by an ss; that they are proper f Education; and that all	Other Expenses Explanation Reimbursement Due	WELVERY I
Date # Miles Cha \$ Affidavit: I hereby certify that all expeed the semployee of Simpson County School charges qualifying for reimbursement	enses included in the above statems in the capacity of official busines from the Simpson County Board of	ent were incurred by an ss; that they are proper f Education; and that all e.	Reimbursement Due Central Office Use:	WELVERY I

Employee Name	Date Submitted 91912024	
School/Work Site High SCA	100	
Name of Meeting/Conference	I food Show	
Date(s) of Meeting/Conference 918	Departure Time 7:0000 Return Time 2:0000	<u></u>
Place of Meeting/Conference	Expo Center Lausville, Ky	
Rationale for Attendance	Tood Show	
Expenses paid by:	Spec Ed KETS Other (MUST Specify) DOD SENILE	
Estimated Expenses:		
Registration Lodging Meal See policy or	n back* \$0.46 per mile \$100 per day	ses
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds	
Not Approved	5/11/24	1_
Reason	Superintendent Signature Date	e
Submit this section upon returning. Include original required receipts and signatures	TRVVEL EXPENSE REINVELIRZENVENT RELUTES	
Date # Miles Charge @	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses Lodging Meals Fundamental	e.***
Charge @	Other Expenses	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @	Lodging Meals Other Expenses Total	e.***
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due acity of official business; that they are proper	e.***
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due acity of official business; that they are proper mpson County Board of Education; and that all	e.***
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Sin data furnished here within is true and correct to the	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due acity of official business; that they are proper mpson County Board of Education; and that all	e.***
Date # Miles Charge @ \$.46 Affidavit: I hereby certify that all expenses include employee of Simpson County Schools in the capa charges qualifying for reimbursement from the Simpson County Schools in the capacity states.	Lodging Meals Amount Explanation Total and in the above statement were incurred by an acity of official business; that they are proper mpson County Board of Education; and that all e best of my knowledge. Reimbursement Due Central Office Use:	e.***

Employee Name Same	uel Evans		Date Sub	mitted8	/12/24	
School/Work SiteF						
Name of Meeting/Confe						
Date(s) of Meeting/Confe	erence 8/15-16/24		Departure	Time <u>7:00 A</u>	MReturn Tir	me 6:30 PM
Place of Meeting/Confer	ence Louisville KY	(Ky Exposition	Center)			
Rationale for Attendance	Student Achie	evement (Career	Development E	Events)	A), .
Expenses paid by:	SBDM □ PD □ Sp	ec Ed	☐ Other (MUS	T Specify)	CTEPER	475
Estimated Expenses:						
Registration Lodg	ing Meals See policy on bar	Mileage ck* \$0.46 per mile	Airfare	Substitut \$100 per da 200		Total Est. Expenses 482
			C 1/0 d	1/2	T. H.16	1
Principal Signature: Prior Superintendent App Approved Reason	ot Approved	Superinte	Grant/Admin	Requ	ijved if Expenses are Pa	8 15 24 Date
original required rece	returning. Include an cipts and signatures.	IKAVI	EL EXPENS	DE KEIIVII	DOMOCIAICIA	INEGOLAT
original required rece *** Per Board Policy 03.125 a Date # Miles	eipts and signatures. and 03.225: "Out-of-Distr	rict Travel Reimburs	ements MUST be s	submitted withi		
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
original required rece	ripts and signatures. and 03.225: "Out-of-Distr Charge @	rict Travel Reimburs	ements MUST be s	submitted within Other	n thirty (30) days of th Expenses	e travel return date.***
Date # Miles Affidavit: I hereby certify that employee of Simpson County	cipts and signatures. and 03.225: "Out-of-Distraction of the control of the cont	rict Travel Reimburs Lodging In the above statemer of official business	Meals Meals Annual Meals An	Other Amount Oy an roper	n thirty (30) days of th Expenses	Total
original required rece *** Per Board Policy 03.125 a Date # Miles Affidavit: I hereby certify that	charge @ \$.46 t all expenses included in y Schools in the capacity rsement from the Simps	n the above stateme y of official business on County Board of	ements MUST be s Meals A Int were incurred be separately that they are pr Education; and the	oy an Recoper at all	n thirty (30) days of th Expenses Explanation	Total
original required rece *** Per Board Policy 03.125 a Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbu	charge @ \$.46 t all expenses included in y Schools in the capacity rsement from the Simps	n the above stateme y of official business on County Board of	ements MUST be s Meals A Int were incurred be separately that they are pr Education; and the	oy an Recoper at all	eimbursement Due	Total

Employee Name Samuel Evans	Date Submitted8.9.24	
School/Work Site Franklin-Simpson	n High School	
Name of Meeting/Conference KY St	ate Fair	
Date(s) of Meeting/Conference 8/23	/24Departure Time7:00 AMReturn Time6:30) PM
Place of Meeting/ConferenceKY St	tate Exposition Center	
Rationale for AttendanceStudent	Achievement - FFA Career Development Event	
Expenses paid by:	□ Spec Ed □ KETS □ Other (MUST Specify) CTE PEYKINS	-
Estimated Expenses:		
Registration =508.08	leals Mileage Airfare Substitute Other Total Est. cy on back* \$0.46 per mile \$100 per day	Expenses
729.	0 20 ()
Principal Signature:	Grant/Admin: Dugitto /hill	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant	Funds
ApprovedNot Approved	J. Shl	
Reason	Superintendent Signature	Date
Submit this section upon returning, Inclu original required receipts and signatu	TRAVEL EXPENSE REIMBURSEMENT REC	UEST
Dispulse Ledou en Leacther any a Sum-		
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret	urn date.**
*** Per Board Policy 03.125 and 03.225: "Out- Date # Miles \$.46	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	urn date.** otal
*** Per Board Policy 03.125 and 03.225: "Out-	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
Per Board Policy 03.125 and 03.225: "Out- Date # Miles Charge @ \$.46	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
Per Board Policy 03.125 and 03.225: "Out- Date # Miles Charge @ \$.46	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
Per Board Policy 03.125 and 03.225: "Out- Date # Miles Charge @ \$.46	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
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Per Board Policy 03.125 and 03.225: "Out- Date # Miles Charge @ \$.46	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
Per Board Policy 03.125 and 03.225: "Out- Date # Miles Charge @ \$.46	of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses	
### Per Board Policy 03.125 and 03.225: "Out- Date # Miles Charge @ \$.46 8/23	Of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel ret Other Expenses Amount Explanation The submitted within thirty (30) days of the travel ret Other Expenses Amount Explanation	
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Pate # Miles Charge @ \$.46 8/23 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the certify that all expenses in the certification.	Lodging Meals Other Expenses Amount Explanation Tudded in the above statement were incurred by an capacity of official business; that they are proper essimpson County Board of Education; and that all	
Date # Miles Charge @ \$.46 8/23 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the	Lodging Meals Other Expenses Amount Explanation Tudded in the above statement were incurred by an capacity of official business; that they are proper essimpson County Board of Education; and that all	
Date # Miles Charge @ \$.46 8/23 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the	Lodging Meals Other Expenses Amount Explanation Tudded in the above statement were incurred by an capacity of official business; that they are proper essimpson County Board of Education; and that all	
Date # Miles Charge @ \$.46 8/23 Affidavit: I hereby certify that all expenses inclemployee of Simpson County Schools in the charges qualifying for reimbursement from the data furnished here within is true and correct to	Lodging Meals Other Expenses Amount Explanation Total Control of the description of the travel returned by an capacity of official business; that they are proper estimpson County Board of Education; and that all to the best of my knowledge. Control Other Expenses Amount Explanation Reimbursement Due Reimbursement Due Central Office Use:	

Employee Name Lucima Eversman	Date Submitted 8 22 24	
School/Work Site Franklin & Lincoln		
Name of Meeting/Conference Dolly's Cu		
Date(s) of Meeting/Conference 8 2724	Departure Time 12noon Return Time	m
Place of Meeting/Conference Lixington,		
Rationale for Attendance Cany Childhoce	J.,	
	KETS DOTHER (MUST Specify) FRUSC	
Estimated Expenses:		
Registration Lodging Meals See policy on back* #20 Principal Signature:	\$0.46 per mile \$100 per day \$178	\$do
Fillicipal Signature.	Grant/Admin: Required if Expenses are Paid by Gran	nt Funds
Prior Superintendent Approval:	Nequired in Expenses are valid by Gran	1-1-0
Approved Not Approved Reason	Superintendent Signature	Date
neason	Superintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REC	QUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30) days of the travel re	turn date.**
Date # Miles Charge @ Lodgin	vel Reimbursements MUST be submitted within thirty (30) days of the travel re Other Expenses Meals	turn date.** Total
the state of the s	Other Expenses	
Date # Miles Charge @ Lodgin	Other Expenses	
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Date # Miles Charge @ Lodgin	Meals Amount Explanation	
Date # Miles Charge @ Lodging \$.46 Affidavit: I hereby certify that all expenses included in the all	Meals Amount Explanation Amount Explanation Reimbursement Due	
Date # Miles Charge @ Lodgin	Meals Amount Explanation Dove statement were incurred by an icial business; that they are proper nty Board of Education; and that all	
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Employee Name Jouson Grove	Date Submitted <i>8/21/24</i>
School/Work Site FSMS	
Name of Meeting/Conference Co - teaching	is training at GLEC
Date(s) of Meeting/Conference $\frac{9/10/24}{}$	is training at GLARC
Place of Meeting/ConferenceGAREC	
Rationale for Attendance part of CSIP	
Expenses paid by: M PD Spec Ed T	☐ KETS ☐ Other (MUST Specify)
Estimated Expenses:	f allowed
See policy on back* \$0.4	MileageAirfareSubstituteOtherTotal Est. Expenses.46 per mile\$100 per day23.92Jt 23.92
(and I	Grant/Admin: Kelly Baker
Principal Signature:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	1 SI
	uperintendent Signature Date
Submit this section upon returning, include any original required receipts and signatures.	RAVEL EXPENSE REIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel I	Reimbursements MUST be submitted within thirty (30) days of the travel return date.
Date # Miles Charge @ Lodging	Other Expenses Meals Amount Explanation Total
Affidavit: I hereby certify that all expenses included in the above	re statement were incurred by an Reimbursement Due
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.	al business; that they are proper
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of officia charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my kinds of the control of the capacity of the ca	al business; that they are proper y Board of Education; and that all
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employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	al business; that they are proper y Board of Education; and that all

Contract of the Contract of th	I land	1-011			0	16-21	
Employee Name L.OV	<u> 70115</u>	nell	Date	e Submitte	$I = U^{\prime}$	15.04	
School/Work Site	25	10 11 Y	c ma	-L'01			
Name of Meeting/Confere	(7 0 1	7.016	ic inte		12.15	Return Tim	2
Date(s) of Meeting/Confer	2	99	Depar	ture Time _	0.15	Return Tim	e
Place of Meeting/Conferen	nce Uverti	me lot	7				
Rationale for Attendance _	HC M	eeting					
Expenses paid by:	BDM 🗆 PD 🗆	Spec Ed ☐ K	ETS 🗹 Other (MUST Spec	ify)		
Estimated Expenses:							
Principal Signature: Prior Superintendent Approved Approved Not Reason	See policy or poval:	Scere	Grant/A	Admin:	Required if	Other T	by Grant Funds Date
Submit this section upon re	eturning, include	any			P 1 5 4 5 1 1 4	CERAFRIT	BEALIFET
original required receip		The second secon	AVEL EXP	ense r	FIMEDI	(DEINIEM I	MEQUEST
	ts and signatures	IK			d within thirt	(30) days of the	
original required receip	ts and signatures	IK			ed within thirt Other Expen	(30) days of the	
original required receip *** Per Board Policy 03.125 and	ts and signatures d 03.225: "Out-of-D Charge @	l Ka	mbursements MUS	T be submitte	ed within thirt Other Expen	(30) days of the	travel return date.***
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original required receip *** Per Board Policy 03.125 and	ts and signatures d 03.225: "Out-of-D Charge @	l Ka	mbursements MUS	T be submitte	ed within thirt Other Expen	(30) days of the	travel return date.***
*** Per Board Policy 03.125 and Date # Miles Affidavit: I hereby certify that all	ts and signatures d 03.225: "Out-of-D Charge @ \$.46	Lodging d in the above sta	Meals Meals atement were incur	Amount Am	ed within thirt	(30) days of the	travel return date.***
*** Per Board Policy 03.125 and Date # Miles	ts and signatures d 03.225: "Out-of-D Charge @ \$.46 Il expenses included chools in the capa ement from the Sim	Lodging d in the above stacity of official bunpson County Boa	Meals Meals atement were incursiness; that they are of Education; are	Amount Am	ed within thirt	y (30) days of the ses uplanation	travel return date.***
*** Per Board Policy 03.125 and Date # Miles Affidavit: I hereby certify that al employee of Simpson County S charges qualifying for reimburse data furnished here within is true	ts and signatures d 03.225: "Out-of-D Charge @ \$.46 Il expenses included chools in the capa ement from the Sim	Lodging d in the above stacity of official bunpson County Boa	Meals Meals atement were incursiness; that they are of Education; and eledge.	Amount Am	ed within thirt Other Expen Ex	y (30) days of the ses uplanation	travel return date.***
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Employee Name Wil Hmshell	Date Submit	sted 9-15-24	
School/Work Site 565 FRC COOrd	inuter		
Name of Meeting/Conference Regional	Meeting		A
Date(s) of Meeting/Conference 9 - 19 54	Departure Tim	eReturn Tim	ne <u>3</u>
Place of Meeting/Conference Monrie County	Wellness (enter 160 old	Muley Ko
Rationale for Attendance IN and Tory Mt	eting	/	TOUPLY
Expenses paid by:	TS Gother (MUST S		50/1
Estimated Expenses:	1002	104-0580-120	
Registration Lodging Meals Mileage See policy on back* \$0.46 per \$8.8		\$100 per day	Total Est. Expenses
Prior/Superintendent Approval:	1 0/10	Required if Expenses are Paid	d by Grant Funds
Approved Not Approved	+8M		8/23/24
ReasonSuperi	ntendent Signature		Date
Submit this section upon returning. Include any original required receipts and signatures.	VEL EXPENSE	REIMBURSEMENT	REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb			
The same of the sa		Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Charge @ Lodging	ursements MUST be subm	Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Charge @ Lodging	ursements MUST be subm	Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Charge @ Lodging	ursements MUST be subm	Other Expenses	travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Charge @ Lodging	ursements MUST be subm	Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Charge @ Lodging	ursements MUST be subm	Other Expenses	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Charge @ Lodging	ursements MUST be subm	Other Expenses	travel return date.***
**** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Date # Miles Charge @ \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above state employee of Simpson County Schools in the capacity of official busin	Meals Amo	Other Expenses Funt Explanation Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Date # Miles Charge @ Lodging \$.46 Lodging	Meals Amo ment were incurred by an less; that they are proper of Education; and that all	Other Expenses Funt Explanation Reimbursement Due	travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimb Date # Miles Charge @ Lodging \$.46 Lodging Affidavit: I hereby certify that all expenses included in the above state employee of Simpson County Schools in the capacity of official busin charges qualifying for reimbursement from the Simpson County Board	Meals Amo ment were incurred by an less; that they are proper of Education; and that all	Other Expenses Funt Explanation Reimbursement Due	travel return date.***
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SIMPSON COUNTY SCHOOLS **OUT-OF-DISTRICT TRAVEL AUTHORIZATION**

	ame Li		0p50n	Dat	e Submitte	d	1/29/29	/	
School/Work		1	CTE	1-11 -1 1	11-50	7			
Name of Mee	eting/Conferer	nce	a 125	Gilbert (linic	0.50 A			(2.4-
				202 4 Depar				ime <u> </u>	300
		(10)		7. Ibert			sling E	reen	CKY.
Rationale for	Attendance	Allow	health	Science	Stud	ent5	to of	25er 0	
Expenses paid	d by: 🔲 SB	DM 🗆 PD	□ Spec Ed □	KETS Other (MUST Spec	cify)	Hudent	5 4 S/	21
Estimated Ex	penses:							LDCI	PL.
Registration	n Lodging			1ileage Airfa 16 per mile	\$1	ubstitute 100 per day	Other	Total Est.	Expenses
	tendent Appro			Grant/A	Admin:	Required	f Expenses are	Paid by Grant	Fynds
V Approve	ed Mot	Approved	Su	perintendent Sign	ature			7	Date
		E and cide atti	277 1142 1142 1142 1142	NAVELEAF	142F I	LIIVIDO	IZTIAIFI	WI INLO	ULJI
ofiginalit	equired receipt	and in the first the same of t	7.7.7.4.20.5.00	RAVEL EXPE		ed within thir Other Expe	ty (30) days of	he travel ret	
original r	equired receipt Policy 03.125 and	03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitte	ed within thir Other Expe	ty (30) days of t	he travel ret	urn date.***
original r	equired receipt Policy 03.125 and	03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitte	ed within thir Other Expe	ty (30) days of t	he travel ret	urn date.***
original r	equired receipt Policy 03.125 and	03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitte	ed within thir Other Expe	ty (30) days of t	he travel ret	urn date.***
original r	equired receipt Policy 03.125 and	03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitte	ed within thir Other Expe	ty (30) days of t	he travel ret	urn date.***
original r	equired receipt Policy 03.125 and	03.225: "Out-o Charge @	f-District Travel R	eimbursements MUS	T be submitte	ed within thir Other Expe	ty (30) days of t	he travel ret	urn date.***
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Per Board F Date Affidavit: I herelemployee of Sir	# Miles by certify that all mpson County Sci	expenses include	Lodging Lodging ded in the above pacity of official	Meals Meals statement were incur business; that they a	Amount Amount red by an re proper	ed within thin Other Expe t E	ty (30) days of t	he travel ret	urn date.***
Per Board F Date Affidavit: I herelemployee of Sircharges qualifying	# Miles by certify that all mpson County Sci	expenses include hools in the canent from the S	f-District Travel R Lodging ded in the above pacity of official simpson County E	statement were incur business; that they a Board of Education; ar	Amount Amount red by an re proper	ed within thin Other Expe t E	ty (30) days of the ses explanation	he travel ret	urn date.***
Per Board F Date Affidavit: I herelemployee of Sircharges qualifying	policy 03.125 and # Miles by certify that all mpson County Sci ng for reimbursen here within is true	expenses include hools in the canent from the S	f-District Travel R Lodging ded in the above pacity of official simpson County E	statement were incur business; that they a Board of Education; ar	T be submitted Amount red by an re proper and that all	ed within thir Other Expert Reimb	ty (30) days of the ses explanation	he travel ret	urn date.***

Control of the second					_
Employee Name Bryan Jon	62	Date Subr	mitted	914124	/
School/Work Site FSHS					
Name of Meeting/Conference Regi	on 2 FBLA	Officer	Worksho	Р	
Name of Meeting/Conference Regulate(s) of Meeting/Conference	9/30/24	Departure T	ime 8:00	Return T i	me_3:00
Place of Meeting/Conference	de Stone	in Boul	ing Green	KY	1 1.
Rationale for Attendance Super J	isian of Ke	gional FB	LA Office	rs at 1	Neeting
Expenses paid by:	Spec Ed ☐ KETS	☐ Other (MUST	Specify)	FBLA	
Estimated Expenses:					
Registration Lodging Meals See policy on		Airfare	Substitute \$100 per day	Other	Total Est. Expenses
Principal Signature:		Grant/Admin	<u>. </u>		
Prior Superintendent Approval:		1	Required	if Expenses are P	aid by Grant Funds
Approved Not Approved		1	W		5/1/2
Reason	Superinte	ndent Signature			Date
Submit this section upon returning. Include original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-D	IRAYE			ty (30) days of th	T REQUEST ne travel return date.***
Date # Miles \$.46	Lodging I	Vieals Ai		xplanation	Total
Assistants About the service that all automorphisms included	l in the above statemen	at ware incurred by	Reimb	ursement Du	e
Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacity	city of official business	that they are pro	per		
charges qualifying for reimbursement from the Sim data furnished here within is true and correct to the			Central Of	fice Use:	
Employee Signature		Date	Coding		and the state of t
					I .
Supervisor Signature		 Date	CFO Appro		