

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 Bryan Jones Date Submitted 9/4/24
 School/Work Site FSHS
 Name of Meeting/Conference FBLA Region 2 Fall Leadership Conference
 Date(s) of Meeting/Conference 10/18/24 Departure Time 8:00 Return Time 2:30
 Place of Meeting/Conference WKU in Bowling Green, KY
 Rationale for Attendance Supervision of club officers attending
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) FBLA

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	—	\$100

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J She Date 9/10/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Bryan Jones Date Submitted 9/4/24
 School/Work Site FSIS
 Name of Meeting/Conference Titan's Learning Lab
 Date(s) of Meeting/Conference 11/12/24 Departure Time 8:00 Return Time 2:30
 Place of Meeting/Conference Nashville, TN @ Nissan Stadium
 Rationale for Attendance Supervising students attending
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Local CTE

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	-	\$100

Principal Signature: _____ Grant/Admin: Bry Jones
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J She Date 9/6/24

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	

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Reimbursement Due

 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

 Coding

 CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jonathan Daniel King Date Submitted 08-15-24
 School/Work Site ~~Franklin-Simpson High School~~ Franklin-Simpson High School
 Name of Meeting/Conference KAAC Conference
 Date(s) of Meeting/Conference 09-12 thru 09-13 Departure Time 4pm Return Time 3pm
 Place of Meeting/Conference The Galt House
 Rationale for Attendance Certification to coach academic team
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
160	180	40	124.57		100		604.57

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature J SHL Date 8/19/24

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	

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Reimbursement Due

 Employee Signature Date

 Supervisor Signature Date

Central Office Use:

 Coding

 CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Shalee Mann Date Submitted 08/07/2024
 School/Work Site Franklin-Simpson High School
 Name of Meeting/Conference 504 Conference
 Date(s) of Meeting/Conference 08/23/2024 Departure Time 730am Return Time 430pm
 Place of Meeting/Conference GRREC
 Rationale for Attendance 504 Conference - continued education
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
			$63 \times .46 =$ $\$28.98$				

Principal Signature: _____ Grant/Admin: SBDM
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/19/24

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	

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Reimbursement Due

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Stephanie Manning Date Submitted 9/9/2024
 School/Work Site Simpson
 Name of Meeting/Conference GFS Food Show
 Date(s) of Meeting/Conference 9/18/24 Departure Time 7:00 am Return Time 2:00 pm
 Place of Meeting/Conference Ky Expo Center Louisville, Ky
 Rationale for Attendance Annual Food Show
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Food service

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
		\$20					\$20

Principal Signature: _____ Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 9/11/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

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 Michelle McPherson Date Submitted 08/26/2024
 School/Work Site FSHS
 Name of Meeting/Conference Field Trip (Craves Gilbert Clinic)
 Date(s) of Meeting/Conference 09/13/2024 Departure Time 08:15 Return Time 2:30pm
 Place of Meeting/Conference Craves Gilbert Clinic (main) Bowling Green, KY
 Rationale for Attendance observation of medical assistants + tour
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) LOCAL

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		\$100

Principal Signature: _____ Grant/Admin: Brigette Kuhl
Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature J She Date 8/30/24

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.

Michelle McPherson 08/26/2024
 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 Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference EPSB meeting
 Date(s) of Meeting/Conference August 20, 2024 Departure Time 4:00 am Return Time 5:00 pm
 Place of Meeting/Conference Kentucky Department of Education in Frankfort
 Rationale for Attendance Chairing the meetings for EPSB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) EPSB/KDE

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		\$100

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 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	

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.

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference EPSB meeting
 Date(s) of Meeting/Conference 10/22/24 Departure Time 4:00am Return Time 5:00pm
 Place of Meeting/Conference Kentucky Department of Education in Frankfort
 Rationale for Attendance Chairing the meetings for EPSB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) EPSB / KDE

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		\$100

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature [Signature] Date 8/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Reimbursement Due

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference KYA (Kentucky Youth Assembly)
 Date(s) of Meeting/Conference 11/10 - 11/12 Departure Time 8:00am Return Time 1:00pm
 Place of Meeting/Conference Louisville + Frankfort, Kentucky
 Rationale for Attendance I sponsor this extra curricular activity at FSMS
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) Education Foundation

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
					\$200		\$200

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin - Simpson Middle School
 Name of Meeting/Conference Adv. Social Studies trip to Williamsburg, VA
 Date(s) of Meeting/Conference 12/11/24 - 12/15/24 Departure Time 8:00 am Return Time 8:00 pm
 Place of Meeting/Conference Williamsburg, VA
 Rationale for Attendance I lead the trip to Williamsburg for advanced social studies

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

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
					\$300		\$300

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Reimbursement Due

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference EPSB meeting
 Date(s) of Meeting/Conference 12/17/24 Departure Time 4:00 am Return Time 5:00 pm
 Place of Meeting/Conference Kentucky Department of Education in Frankfort
 Rationale for Attendance Charry the meeting for EPSB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) EPSB/KDE

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		\$100

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature [Signature] Date 8/20/24

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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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Reimbursement Due

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin - Simpson Middle School
 Name of Meeting/Conference KAGE annual conference
 Date(s) of Meeting/Conference 2/10/25 - 2/11/25 Departure Time 8:00am Return Time 8:00pm
 Place of Meeting/Conference Lexington, Kentucky
 Rationale for Attendance I will be presenting and I serve on the board of KAGE
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
					\$200		\$200

Principal Signature: [Signature] Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason _____ Superintendent Signature [Signature] Date 8/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

Reimbursement Due

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Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin-Simpson Middle School
 Name of Meeting/Conference EPSB meeting
 Date(s) of Meeting/Conference 2/18/25 Departure Time 4:00am Return Time 5:00pm
 Place of Meeting/Conference Kentucky Department of Education in Frankfort
 Rationale for Attendance Chairing the meeting for EPSB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) EPSB/KDE

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		\$100

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature [Signature] Date 8/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

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Reimbursement Due

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Justin Mitchell Date Submitted 8/8/24
 School/Work Site Franklin - Simpson Middle School
 Name of Meeting/Conference EPSB meeting
 Date(s) of Meeting/Conference 4/22/25 Departure Time 4:00 am Return Time 5:00 pm
 Place of Meeting/Conference Kentucky Department of Education in Frankfort
 Rationale for Attendance Chairing the meeting for EPSB
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) EPSB / KDE

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		\$100

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
 Reason: _____ Superintendent Signature [Signature] Date 8/20/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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					Amount	Explanation	

Reimbursement Due

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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 Sam Northern Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference August 28-29, 2024 Departure Time 3:00 am Return Time 7:00pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance Professional Development
 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
		<u>\$80-</u>	<u>\$158.²⁴</u>				<u>\$238²⁴</u>

Principal Signature: _____ Grant/Admin: Shelia Smith
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval:
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 8/13/24

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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Reimbursement Due _____

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Gam Northern Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference September 18-19, 2024 Departure Time 3:00 am Return Time 7:00 pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance Professional Development
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) tu

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>	<u>\$158.²⁴</u>				<u>\$238.²⁴</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 8/15/24

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	
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.

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 Sam Northern Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference October 14-15, 2024 Departure Time 3:00 am Return Time 7:00 pm
 Place of Meeting/Conference Lexington, KY
 Rationale for Attendance Professional Development
 Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Specify) TO

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>	<u>\$158.²⁴</u>				<u>\$238²⁴</u>

Principal Signature: _____ Grant/Admin: Shirley Smith
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval: _____
 Approved Not Approved...
 Reason _____ Superintendent Signature J Shl Date 8/19/24

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
