	1	3 -	72005		Data S	ubmittad		9/4/2	14	
Employee Na	me	3ryan FS HS	20162		Date 3	ubillitteu			,	
School/Work	Site	FI	3LA R	PSIAA 2	Fall	Lead	ership	Conferen	ce	
Name of Mee	eting/Confere	ence Fi	10/18/24	3.0	Departur	re Time	8:00	Return T	ime 2:30	>
Date(s) or ivie	setting/control	nceU	11/11/2	. B.		6000	K\	/		
Place of Meet	ting/Confere	nce		2 1 1	Ch	Cieta	11			
Rationale for	Attendance	Super	vision 0	+ club	aftic	cers a	ttend	ED. A		
Expenses paid	d by: 🔲 S	BDM □ PD	□ Spec Ed □	KETS 🗆	Other (Ml	UST Speci	fy)	FBLA		
Estimated Ex	penses:									
Registration	n Lodgir	ng Me See policy		Mileage 46 per mile	Airfare		bstitute 10 per day	Other	Total Est. Ex	penses
			_	_		H	100	_	A100	
		1					-			
Principal Sign		/ /			Grant/Adı	min:		d if Expenses are	Paid by Grant Fu	nds
Prior Superin	L				/		Lequire	u ii expenses are	raid by Grant ru	100
		ot Approved	:			8	/UL_		9/	Date
Reason			S	uperintende	ent Signat	ture				Date
oldilling	required recei	pts and signatu								EST
*** Per Board Date	Policy 03.125 a	nd 03.225: "Out-o Charge @ \$.46	f-District Travel Lodging		ents MUST b		d within th Other Exp	nirty (30) days of		date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th Other Exp	nirty (30) days of benses	the travel return	date.**
*** Per Board	Policy 03.125 a	nd 03.225: "Out-o Charge @	f-District Travel	Reimburseme	ents MUST b	be submitte	d within th	nirty (30) days of penses Explanation	Tota	date.**
Date Affidavit: I her.	# Miles	charge @ \$.46	Lodging Lodging	Reimburseme Me.	als were incurre	Amount	d within th	nirty (30) days of benses	Tota	date.**
Affidavit: I heremployee of Scharges qualify	# Miles # Miles reby certify that Simpson County ying for reimbur	charge @ \$.46 \$.46	Lodging Lodging uded in the above	Reimburseme Me. We statement val business; the Board of Edu	ents MUST be als	Amount ed by an	d within the Other Exp	nirty (30) days of penses Explanation nbursement D	Tota	date.**
Affidavit: I heremployee of Scharges qualify	# Miles # Miles reby certify that Simpson County ying for reimbur	charge @ \$.46 \$.46	Lodging Lodging uded in the above	Reimburseme Me.	ents MUST be als	Amount ed by an	d within the Other Exp	nirty (30) days of penses Explanation	Tota	date.**
Affidavit: I heremployee of Scharges qualify data furnished	# Miles # Miles reby certify that Simpson County ying for reimbur I here within is t	charge @ \$.46 \$.46	Lodging Lodging uded in the above	re statement val business; the Board of Eduknowledge.	were incurrenat they are ucation; and	Amount ed by an	Rein	nirty (30) days of penses Explanation nbursement D	Tota	date.**
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Affidavit: I heremployee of Scharges qualify data furnished	# Miles # Miles reby certify that Simpson County ying for reimbur I here within is the signature	charge @ \$.46 \$.46	Lodging Lodging uded in the above	re statement val business; the Board of Eduknowledge.	were incurrenat they are ucation; and	Amount ed by an	Rein	nirty (30) days of penses Explanation nbursement D Office Use:	Tota	date.**

Employee Name	Bryan Jo	\es	Date	Submitted		9/4/24	
School/Work Site	FSITS						
Name of Meeting/Confe	erence	tan's Lea	arning L	eb			
Date(s) of Meeting/Con	ference (1	12/24	Depart	ture Time 🧾	8:00	Return Time	2:30
Place of Meeting/Confe	rence No	ashville,	TN @	Wiss	on 5-	tadium	
Rationale for Attendance	:e Sup.	ervising s	students	attend	129		
	SBDM □ PD □					Local CT	<u> </u>
Estimated Expenses:							
	ging Meal See policy o			\$10	bstitute 00 per day		otal Est. Expenses
Principal Signature: Prior Superintendent A Approved Reason	oproval: Not Approved	Super	Grant//	Admin: 6	Require	if Expenses are Paid	by Grant Funds G/6/25 Date
Submit this section up	on returning. Include ceipts and signature		VEL EXP	ENSE RI	EIMB	JRSEMENT	REQUEST
*** Per Board Policy 03.12	5 and 03.225: "Out-of-	District Travel Reim	bursements MUS	T be submitte	d within th	nirty (30) days of the	travel return date.**
Date # Miles	Charge @ \$.46	Lodging	Meals	Amount	Other Exp	Explanation	Total
Description of the second							
Affidavit: I hereby certify t	hat all avecnose individ	ad in the above sta	tement were inc	urred by an	Rein	nbursement Due	
employee of Simpson Cou	nty Schools in the cap	acity of official bu	siness; that they	are proper			
charges qualifying for reim data furnished here within	bursement from the S is true and correct to t	mpson County Boa ne best of my know	ledge.	and that all	Central	Office Use:	
					Codina		
Employee Signature			Date		Coding		
Supervisor Signature			Date	1	CFO App	proval	

Employee Name Jonathan Danie	(King Date Submit	ted 08-15-24	
School/Work Site	Klin-Simpson 1	tigh School	
Name of Meeting/Conference FAAC	Conterence	**	
Date(s) of Meeting/Conference 09-12 +kr	Departure Time	e Hpm Return Time 3pm	
Place of Meeting/Conference The Gal	+ House		
Rationale for Attendance Certification	, to coach a	cadenic team	
Expenses paid by: SBDM PD Spec Ed			
Estimated Expenses:			
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substitute Other Total Est. Expen	ises
160 180 40	124.57	100 604.5"	7
Principal Signature:	Grant/Admin:		
Prior Superintendent Approval.	101	Required if Expenses are Paid by Grant Funds	_
V Approved Not Approved	_ JM	8/19/24	
Reason	Superintendent Signature	Dat	e
Submit this section upon returning. Include any	TRAVEL EXPENSE	REIMBURSEMENT REQUES	=== }T
original required receipts and signatures.	TIME EN CHOC	MEMMOONSEMENT MESOFS	21
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra		itted within thirty (30) days of the travel return dat	
The state of the s	vel Reimbursements MUST be subm	Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be subm	oitted within thirty (30) days of the travel return dat Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be subm	oitted within thirty (30) days of the travel return dat Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be subm	oitted within thirty (30) days of the travel return dat Other Expenses Total	
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be subm	oitted within thirty (30) days of the travel return dat Other Expenses Total	
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be subm	oitted within thirty (30) days of the travel return dat Other Expenses Total	
Date # Miles Charge @ Lodgin S.46 Lodgin Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of off	Meals Meals Amo Dove statement were incurred by an incircled business; that they are proper	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge @ Lodgin \$.46 Lodgin	Meals Meals Amo Dove statement were incurred by an irrical business; that they are proper nty Board of Education; and that all	Other Expenses unt Explanation Reimbursement Due	
Date # Miles Charge @ Lodgin \$.46 Affidavit: I hereby certify that all expenses included in the atemployee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson Coudata furnished here within is true and correct to the best of meaning the series of the series o	Meals Meals Amo Dove statement were incurred by an ficial business; that they are proper nty Board of Education; and that all my knowledge.	Other Expenses unt Explanation Reimbursement Due Central Office Use:	
Date # Miles Charge @ Lodgin Lodgin Affidavit: I hereby certify that all expenses included in the all employee of Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools county Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of off charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the Simpson County Schools in the capacity of the charges qualifying for reimbursement from the charges qualifying for reimbu	Meals Meals Amo Dove statement were incurred by an irrical business; that they are proper nty Board of Education; and that all	Other Expenses unt Explanation Reimbursement Due	

Employee Name Shalee School/Work Site Franklin Name of Meeting/Conference 5 Date(s) of Meeting/Conference (Simpson H	igh Schi	001	08 07 20 730am Return Tin	
Place of Meeting/Conference <u>GR</u> Rationale for Attendance <u>564</u>	REC				
Registration Lodging		nile 6 = 98	\$100	Required if Expenses are Pa	id by Grant Funds Date
Submit this section upon returning. original required receipts and sig **** Per Board Policy 03.125 and 03.225: " Date # Miles Charge (\$.46	natures. Dut-of-District Travel Reimbu		e submitted	within thirty (30) days of the Other Expenses Explanation	
Affidavit: I hereby certify that all expenses employee of Simpson County Schools in the charges qualifying for reimbursement from	he capacity of official busin the Simpson County Board	ess; that they are of Education; and	proper	Reimbursement Due	
data furnished here within is true and corre	ect to the best of my knowled	Date	_ c	entral Office Use: oding FO Approval	

Employee Name Stephante Mai	mingDate	Submitted	192024	
School/Work Site Smpson	J			
Name of Meeting/Conference GFS	Food Sho	W		
Date(s) of Meeting/Conference 9/18/25	Depart	ure Time 📆 👊	Am_Return Time	2:00pm
Place of Meeting/Conference Ky	s Center	Louisv	ille, Ky	-
Rationale for Attendance Attual T	ood Show			1
Expenses paid by:	Ed 🗆 KETS 🗆 Other (I	MUST Specify) $oldsymbol{1}$	voa serv	166
Estimated Expenses:				
Registration Lodging Meals See policy on back*	Mileage Airfa \$0.46 per mile	re Substitu \$100 per d		otal Est. Expenses
Principal Signature:	Grant/A		i life Bi	Lley Count Fronds
Prior Superintendent Approval:		1 / Req	uired if Expenses are Paic	by Grant Funds
Approved Not Approved		+ SM		9/1124
Reason	Superintendent Sign	ature		Date
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPE			REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District			n thirty (30) days of the Expenses	
Charge @	Travel Reimbursements MUS			travel return date.*** Total
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other	Expenses	
Date # Miles Charge @ Lod		Other Amount	Explanation Explanation	
Date # Miles Charge @ \$.46 Lod \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the capacity of	e above statement were incur forficial business; that they a	Other Amount Tred by an re proper	Expenses	
Date # Miles Charge @ \$.46 Lod \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of	e above statement were incur forficial business; that they a	Amount Tred by an re proper and that all	Explanation Explanation	
Date # Miles Charge @ \$.46 Lod \$.46 Affidavit: I hereby certify that all expenses included in the employee of Simpson County Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the county Schools in the capacity of charges qualifying for reimbursement from the Simpson of the capacity of	e above statement were incur forficial business; that they a	Amount Tred by an re proper and that all	Explanation Explanation eimbursement Due al Office Use:	



Employee Name	_Mic	nelle	MOY	12/SCI	ODa	te Submitte	ed	08130	02	324
School/Work Site	151	15		-		α	. ,	· · · ·		
Name of Meeting	g/Conference	- Fiel	a Tr	:p (1 cours	Ville	C+ C	linic)		- 20
Date(s) of Meetin	ng/Conferenc		11313	004	Depa	rture Time	OS:	15 Retu	rn Time	2:300
Place of Meeting	/Conference	Circus	Cib	ert C	linic	(main) B	outing	Gre	en. KY
Rationale for Atte	endance 🗘	oseru	xtion	ot p	1eaice	el ac	sista	N 15 4 4	ar	
Expenses paid by	/: ☐ SBDI	M 🗖 PD	☐ Spec Ed	□ KETS	□ Other	(MUST Spe	cify)	LDCAL		
Estimated Expens	ses:									
Registration	Lodging	See policy	eals on back*	Mileage \$0.46 per mile		i d	ubstitut 100 per di		r To	tal Est. Expenses
Principal Signatur		1			Grant/	Admin:	SUU Ren	red if Expenses	are Paid I	ov Grant Funds
Prior Superintend					4	10	reg	aned il Expenses	are raid i	1 1-1
V Approved Reason	- (NOTAL	proved		Superinte	ndent Sig	nature				730 27
				Superinte	nuciii sig					Dute
🦟 sariginal requ	off of a processing the contract of the contra	ridişignətur	G	TRAVE	L EXP	ENSE R	EIM	BURSEM	ENT	REQUEST
*** Per Board Policy	y 03.125 and 03	.225: "Out-o	f-District Trav	el Reimburs	ements MU	ST be submitt	ed within	n thirty (30) days	s of the tr	avel return date.***
	Name and Address of the Owner, where	.225: "Out-o harge @ \$.46	f-District Trav	A Parket	ements MU Meals	ST be submitt Amoun	Other	n thirty (30) day: Expenses Explanatio		avel return date.*** Total
	C	harge @		A Parket			Other	Expenses		THE VENEY
	C	harge @		A Parket			Other	Expenses		THE VENEY
	C	harge @		A Parket			Other	Expenses		THE VENEY
	C	harge @		A Parket			Other	Expenses		THE VENEY
	C	harge @		A Parket			Other	Expenses		THE VENEY
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	C	harge @		A Parket			Other	Expenses		THE VENEY
	C	harge @		A Parket			Other	Expenses		THE VENEY
	Miles Cl	harge @ \$.46	Lodging	ove statemer	Meals	Amoun	Other	Expenses	n	THE VENEY
Date #	ertify that all exon County Schoor reimburseme	penses included in the cant from the S	Lodging ded in the abo pacity of offic impson Coun	ove statemer cial business; ty Board of i	Meals It were incu	Amour	Other at	Expenses Explanatio	n	THE VENEY
Date # Affidavit: I hereby ceemployee of Simpsocharges qualifying fo	ertify that all ex on County Schoor reimburseme within is true and	penses included in the cant from the S	Lodging ded in the abo pacity of offic impson Coun	ove statemer cial business, ity Board of r knowledge.	Meals It were incu	Amour	Other at	Expenses Explanatio	n	THE VENEY
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Employee Name		Date Submitted	_8	8/24	
School/Work Site Franklin - Simpson	Middle Sche) (00	Œ.	J	
FPSP	mooths				
Date(s) of Meeting/Conference August	1 7505 05	Departure Time _	4200 cm	Return Tir	ne <u>5:00pm</u>
Place of Meeting/Conference Kentuc	cy Denotment of	F Education	m Fran	Krt	
Alana i	The fo	- FDSR			
Rationale for Attendance	Spec Ed D KETS MO	ther (MUST Spec	fv) EPSF	SKDE	
	pecta Breis Bo	one (moor ap = -	,,	7	× .
Estimated Expenses:	Mileago	Airfare Su	bstitute	Other	Total Est. Expenses
Registration Lodging Meals See policy on	Mileage pack* \$0.46 per mile	\$1	00 per day	114 - 1452	\$ 100
Principal Signature:	G	rant/Admin:			
Prior Superintendent Approval:		1-10	Required if	Expenses are Pa	id by Grant Funds
Approved Not Approved		18hl			8/8/24
Reason	Superintender	dignature			Date
Submit this section upon returning. include a	TRAVEL E	X DE MYE KI	FIMBUR	SEINIEIA	T REQUEST
original required receipts and signatures. Per Board Policy 03.125 and 03.225: "Out-of-Di Date # Miles Charge @ \$.46		s MUST be submitte	d within thirty Other Expens	(30) days of the	
Per Board Policy 03.125 and 03.225: "Out-of-Di	trict Travel Reimbursement	s MUST be submitte	d within thirty Other Expens	(30) days of the	e travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Out-of-Di	trict Travel Reimbursement	s MUST be submitte	d within thirty Other Expens	(30) days of the	travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Out-of-Di Date # Miles Charge @ \$.46	trict Travel Reimbursement	s MUST be submitte	d within thirty Other Expens	(30) days of the	travel return date.*** Total
Per Board Policy 03.125 and 03.225: "Out-of-Di	trict Travel Reimbursement	s MUST be submitte	d within thirty Other Expens	(30) days of the	Total
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Per Board Policy 03.125 and 03.225: "Out-of-Di Date # Miles Charge @ \$.46	trict Travel Reimbursement	s MUST be submitte	d within thirty Other Expens	(30) days of the	Total
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Date # Miles Charge @ \$.46 Whiles Charge @ \$.46 Affidavit: I hereby certify that all expenses included employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simple data furnished here within is true and correct to the	in the above statement werty of official business; that ison County Board of Educates of my knowledge.	e incurred by an they are proper tion; and that all	d within thirty Other Expens Ex Reimbu	(30) days of the res planation rsement Due	Total
Per Board Policy 03.125 and 03.225: "Out-of-Dispense of Simpson County Schools in the capacitations of the simple	Lodging Meals in the above statement were ty of official business; that also county Board of Educa	e incurred by an they are proper tion; and that all	Reimbu	(30) days of the res planation rsement Due	Total

	. 12.	. 1			. 01	6/211	
Employee Name	stin Mitche	71	Dat	e Submit ໍ່	tted	6/64	
School/Work Site				chool			
Name of Meeting/Conference			9		11:00	Dodgen T	: 5:M
Date(s) of Meeting/Confe	rence						ime <u>5:00pm</u>
Place of Meeting/Confere	nce <u>Kentuc</u>	ky Depar	truent of f	duce	then in I	rokfort	
Rationale for Attendance	Chairin) the n	reatings to	CEF	<u> </u>	DIVI	
Expenses paid by:	BDM □ PD □	Spec Ed K	ETS 🖸 Other (MUST Sp	pecify) EPS	B / E DC	<i></i>
Estimated Expenses:							
Registration Lodgin	ng Mea See policy o		eage Airfa per mile		\$100 per day	Other	Total Est. Expenses
Principal Signature:	AUU		Grant/	Admin: _			
Prior Superintendent Apor	oval:		1 /	-10	Required i	f Expenses are F	Paid by Grant Funds
No	t Approved		5	hl			8/20/24
Reason		Supe	erintendent Sigr	nature			Date
							55.09
Submit this section upon	returning, include	any TD	ALIEL EVOC	ENICE	REIMBIL	RSFMFN	IT REALIEST
original required recei	pts and signature						IT REQUEST he travel return date.***
*** Per Board Policy 03.125 an	nd 03.225: "Out-of-I	District Travel Rei	mbursements MUS			y (30) days of the	he travel return date.***
*** Per Board Policy 03.125 an Date # Miles	pts and signature: nd 03.225: "Out-of-I Charge @ \$.46				i itted within thi r Other Expe	y (30) days of the	
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Date # Miles Affidavit: I hereby certify that a	charge @ \$.46	Lodging Lodging d in the above sta	Meals Weats	Amo	Other Expe unt E	ty (30) days of the	Total
*** Per Board Policy 03.125 an	charge @ \$.46 s.46 all expenses include Schools in the capa	Lodging d in the above staticity of official bunpson County Boa	Meals Weals We	Amo	Other Expe unt E	y (30) days of the ses explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County Scharges qualifying for reimburs	charge @ \$.46 s.46 all expenses include Schools in the capa	Lodging d in the above staticity of official bunpson County Boa	Meals Weals We	Amo	Other Experumnt E	y (30) days of the ses explanation	Total

1 1 1 1 1 1	Date Submi	Had 8/8/261	
Employee Name	Maddle School	ited Of S C	
School/Work Site	VI Yorth Assorbly		
Date(s) of Meeting/Conference 11/10 - 11/12	Departure Tim	ne 8:00 am Return	Time 1:00 PM
Place of Meeting/Conference Louisville 4	transfort Kentucki	FOIAS	
Rationale for Attendance Sposor + 123 Expenses paid by: □ SBDM □ PD □ Spec Ed	extra curicular acti	vity at FSMO	data
Expenses paid by:	KETS Ly Other (MUSI S	pecity) Location 1852	(Malar)
Estimated Expenses:			man Alman Carlo Martin Salahari
Registration Lodging Meals See policy on back*	Mileage Airfare \$0.46 per mile	Substitute Other \$100 per day	Total Est. Expenses
Principal Signature:	Grant/Admin: _	Required if Expenses are	Paid by Grant Funds
Prior Superintendent Approval:	10	O Required in Expenses and	colon lax
Approved Not Approved	_ < 8h		Date
Reason	Superintendent Signature		
Submit this section upon returning, include any original required receipts and signatures.	TRAVEL EXPENSE	REIMBURSEME	NT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Trav	el Reimbursements MUST be subn		the travel return date.***
	el Reimbursements MUST be subn	Other Expenses	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travelles Charge @ Lodging	el Reimbursements MUST be subn	nitted within thirty (30) days of Other Expenses	the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travelles Charge @ Lodging	el Reimbursements MUST be subn	nitted within thirty (30) days of Other Expenses	the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travelles Charge @ Lodging	el Reimbursements MUST be subn	nitted within thirty (30) days of Other Expenses	the travel return date.*** Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging	el Reimbursements MUST be subn	nitted within thirty (30) days of Other Expenses	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging	el Reimbursements MUST be subn	nitted within thirty (30) days of Other Expenses	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$,46	el Reimbursements MUST be subn	nitted within thirty (30) days of Other Expenses	Total
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$,46	Meals Amo	Other Expenses Ount Explanation Reimbursement C	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging \$,46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of offic charges qualifying for reimbursement from the Simpson Coundata furnished here within is true and correct to the best of my	Meals Amo	Other Expenses Ount Explanation Reimbursement D	Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Date # Miles Charge @ Lodging S.46 Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of office charges qualifying for reimbursement from the Simpson County	Meals Amo	Other Expenses Ount Explanation Reimbursement C	Total

Employee Name	n Machell		Date Sul	bmitted	8 8	24	
School/Work Site Fresh	Klin - Simosa	n Middle			Mi A		
Cha-tine/Conform	50 Adul 500	ich Stroke	is tolo t	& William	usburg, V	<u> </u>	
Date(s) of Meeting/Confere	nce 12/11/24 =	- 12/15/24	Departure	Time _ 8:	00 am Re	turn Time	8:00pm
Place of Meeting/Conference							4
Place of Meeting/Conference	æ	1, 1	17/2 = 10 = 1	Q	and d	52.1	stylies
Rationale for Attendance Expenses paid by: SB	lead the	TOP BO	Expension (MIII)	T Speciful	Education	ol F	nolotin
Expenses paid by:	DM LIPD LISpec	CEO MKEIS	M Other (Mos	or specify/_	D(0(C())		7 0 (4) 10 1
Estimated Expenses:			NEWS AT PARTY	Culontit	uto Ot	her To	otal Est. Expenses
Registration Lodging	Meals See policy on back'	Mileage * \$0.46 per mile	Airfare	Substit \$100 per		ile.	tar Est. Experises
	0			#300	>		\$300
	Macel						
Principal Signature:	JOY (h-	_	Grant/Admi	in: Re	guired if Expens	ses are Paid	by Grant Funds
Prior Superintendent Appro		19	40	0		cha	120
Approved Not	Approvea	Superinte	ndent Signatur	re		8 20	Date
Reason		Superinte	ndent signatar				
Submit this section upon re original required receipt	s and signatures.			SE REIN			REQUEST
*** Por Poard Policy 03, 125 and	03.225: "Out-of-Distric	t Travel Reimburs	ements MUST be		hin thirty (30) d	lays of the ti	
*** Per Board Policy 03.125 and	03.225: "Out-of-Distric		Vieals	submitted wit	er Expenses		
*** Per Board Policy 03.125 and Date # Miles	03.225: "Out-of-Distric		Vieals	submitted wit	hin thirty (30) der Expenses Explana		ravel return date.***
*** Per Board Policy 03.125 and	03.225: "Out-of-District Charge @ Lo		Vieals	submitted wit	er Expenses		ravel return date.*** Total
*** Per Board Policy 03.125 and	03.225: "Out-of-District Charge @ Lo		Vieals	submitted wit	er Expenses		ravel return date.*** Total
*** Per Board Policy 03.125 and	03.225: "Out-of-District Charge @ Lo		Vieals	submitted wit	er Expenses		ravel return date.*** Total
*** Per Board Policy 03.125 and	03.225: "Out-of-District Charge @ Lo \$.46 Lo		Vieals	submitted wit	er Expenses		Total
*** Per Board Policy 03.125 and	03.225: "Out-of-District Charge @ Lo \$.46 Lo		Vieals	submitted wit	er Expenses		Total
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*** Per Board Policy 03.125 and	03.225: "Out-of-District Charge @ Lo \$.46 Lo		Vieals	submitted wit	er Expenses		Total
*** Per Board Policy 03.125 and Date # Miles	03.225: "Out-of-District Charge @ Lo \$.46	dging	Vieals	Othe Othe Amount	Explana	tion	Total
Date # Miles Affidavit: I hereby certify that all	charge @ Lo \$.46 Lo	ne above statement of official business	of were incurred by that they are pr	oy an roper	er Expenses	tion	Total
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Date # Miles Date # Miles Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburser	expenses included in the hools in the capacity onent from the Simpson	ne above statement of official business	nt were incurred by that they are preducation; and the	oy an roper at all	Explana Explana Reimbursem	ent Due	Total
Affidavit: I hereby certify that all employee of Simpson County Sc charges qualifying for reimburser data furnished here within is true	expenses included in the hools in the capacity onent from the Simpson	ne above statement official business County Board of of my knowledge.	nt were incurred by that they are preducation; and the	oy an roper at all	Reimbursem	ent Due	Total
Date # Miles Date # Miles Affidavit: I hereby certify that all employee of Simpson County Scharges qualifying for reimburser	expenses included in the hools in the capacity onent from the Simpson	ne above statement official business County Board of of my knowledge.	nt were incurred by that they are preducation; and the	oy an roper at all	Reimbursem	ent Due	Total

Employee Name Justin Machell Date Subr	mitted 8824	
School/Work Site Franklin - Simpson Middle School		
Name of Meeting/Conference EPSB meeting		
Date(s) of Meeting/Conference 12 17 24 Departure T	Time 4:00 an Return	Time <u>5:00pm</u>
Date(s) of Meeting/Conference	In the Franks	rd
Place of Meeting/Conference Kertocky Department of Ed	-De O	,
Rationale for Attendance hairly the meeting for E	CMB PROP INT	F
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST	Specify) Erob/Fu	
Estimated Expenses:		81
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile	Substitute Other \$100 per day	Total Est. Expenses
See poincy on sack	\$100	# 100
Dringing Signature: All Is Grant/Admin	•	
Principal Signature: Grant/Admin	Required if Expenses are	Paid by Grant Funds
Approved Not Approved		8/20/24
Reason Superintendent Signature	2	Date
	E REIMBURSEME	
		the traval return date ***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be su	ubmitted within thirty (30) days of Other Expenses	
Charge @ Lodging Meals	abmitted within thirty (30) days of Other Expenses Mount Explanation	Total
Charge @ Lodging Meals	Other Expenses	
Charge @ Lodging Meals	Other Expenses	Total
Date # Miles Charge @ Lodging Meals A	Other Expenses	Total
Charge @ Lodging Meals	Other Expenses	Total
Date # Miles Charge @ Lodging Meals An	Other Expenses	Total
Date # Miles Charge @ Lodging Meals A	Other Expenses	Total
Date # Miles Charge @ Lodging Meals An	Other Expenses	Total
Date # Miles Charge @ Lodging Meals An	Other Expenses	Total
Date # Miles Charge @ \$.46 Lodging Meals And	Other Expenses mount Explanation An Reimbursement D	Total
Date # Miles \$.46 Lodging Meals And	Other Expenses mount Explanation Frame Reimbursement Disperses	Total
Date # Miles Charge @ \$.46 Lodging Meals And	Other Expenses mount Explanation Figure 1	Total
Date # Miles \$.46 Lodging Meals \$.46 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses mount Explanation Frame Reimbursement Disperses	Total
Date # Miles \$.46 Lodging Meals \$.46 Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are procharges qualifying for reimbursement from the Simpson County Board of Education; and that	Other Expenses mount Explanation Frame Reimbursement Disperses	Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are pro charges qualifying for reimbursement from the Simpson County Board of Education; and that data furnished here within is true and correct to the best of my knowledge.	Other Expenses mount Explanation Reimbursement D per t all Central Office Use:	Total

70	1/2 / 1/	١	Data	Culbunittod	8 8 24	
Employee Name	oth MACHEL	1 1 Madd	Date:	\ \	9/3/2/	
School/Work Site	orkin-Sim	7567 P1.010	of some	00 (
Name of Meeting/Confere	ence KAGE	annual Co	nterence		O Cao Poturo T	ima 8:0000A
Date(s) of Meeting/Confe				ire Time	COGM Return 1	inie <u>Geodini </u>
Place of Meeting/Confere	nce <u>Lexingt</u>	on, Kentuc	Ky			
Rationale for Attendance Expenses paid by:	I will be	resenting a	nd 1 se	rive on-	the board at	KAGE
Expenses paid by:	BDM PD DS	pec Ed KETS	☐ Other (M	IUST Specify		
Estimated Expenses:						9
Registration Lodgin	ng Meals See policy on b	Mileage back* \$0 46 per m		\$100	titute Other	Total Est. Expenses
	Auch	//		8	Was de TI-	4,500
Principal Signature:	AM (M		Grant/Ad		Required if Expenses are I	Paid by Grant Funds
Prior Superintendent Appr			40	12		0/20/24
ApprovedNo		Cuparin	tendent Signa	ture		Date
Reason		Superiii	tendent signa	ture		
Submit this section upon original required recei	returning, include a ots and signatures.	IUVA		NSE REI	MBURSEMEN	IT REQUEST
*** Per Board Policy 03.125 ar	nd 03.225: "Out-of-Dis	trict Travel Reimbu	rsements MUST I	be submitted v	ithin thirty (30) days of t	he travel return date.***
Per Board Policy 03.125 ar Date # Miles	ond 03.225: "Out-of-Dis Charge @ \$.46	Lodging	rsements MUST I	be submitted v O Amount	vithin thirty (30) days of t ther Expenses Explanation	Total
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*** Per Board Policy 03.125 an	charge @ \$.46	Lodging	美国国际发现 4	0	ther Expenses	Total
*** Per Board Policy 03.125 an	charge @ \$.46	Lodging	美国国际发现 4	0	ther Expenses	Total
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*** Per Board Policy 03.125 an	nd 03.225: "Out-of-Dis Charge @ \$.46	Lodging	美国国际发现 4	0	ther Expenses	Total
Date # Miles	nd 03.225: "Out-of-Dis Charge @ \$.46	Lodging	Meals	Amount	ther Expenses	Total
Date # Miles Affidavit: I hereby certify that a	Charge @ \$.46 \$.46 all expenses included i	Lodging	Meals ent were incurress; that they are	Amount ed by an exproper	Explanation	Total
Date # Miles	Charge @ \$.46 \$.46 all expenses included in Schools in the capacities are the same of the	in the above statements of official businesson County Board of	ent were incurress; that they are f Education; and	ed by an e proper	Explanation	Total
Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County charges qualifying for reimburs data furnished here within is true.	Charge @ \$.46 \$.46 all expenses included in Schools in the capacities are the same of the	in the above statements of official businesson County Board of	ent were incurrences; that they are f Education; and e.	ed by an e proper that all	Reimbursement Du	Total
Date # Miles Date # Miles Affidavit: I hereby certify that a employee of Simpson County that generates gualifying for reimburs	Charge @ \$.46 \$.46 all expenses included in Schools in the capacities are the same of the	in the above statements of official businesson County Board of	ent were incurress; that they are f Education; and	ed by an e proper that all	Explanation Explanation Reimbursement Du	Total

Employee Name	5th Mach	ell	Date	Submitted_	8	8/24	
School/Work Site	aklh-Sim	oson Midd	le Schoo	1	7	,	
Name of Meeting/Confe							
Date(s) of Meeting/Conf	erence 2/1	8 25	Depart				ime 5:00pm
Place of Meeting/Confer		M. C.) W	Frankfort	
Rationale for Attendance	- Chairine	the me	eting for	EPSB		2/1/05	
Expenses paid by:	SBDM □ PD □	Spec Ed KE	TS 🗹 Other (N	//UST Specify) Ets	DIKUE	
Estimated Expenses:					-		
Registration Lodg	ing Mea See policy o		THE RESERVE THE PARTY OF THE PA		titute ọer day	Other	Total Est. Expenses
		1		01#	Ō		#100
Principal Signature:	Jaurel	1	Grant/Ac	dmin:			
Prior Superintendent App	oroval: u		1	-10	Required if	Expenses are P	aid by Grant Funds
ApprovedN	ot Approved			-Shl			8/20/24
Reason		Super	intendent Signa	iture			Date
Submit this section upon	returning, include	any EDA	VEL EVDE	NCE DEL	MADLI	DEENAEN	T DEALECT
aviatinal required race			VEL EXPE	NOE KEI	וטפועו	1 3EINIEI <i>I</i>	I REQUEST
original required rece	ipts and signature	s. INA	.,		•		T REQUEST ne travel return date.***
Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @	s. INA	.,	be submitted w	vithin thirt	y (30) days of th ses	
*** Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of-	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of th	ne travel return date.***
Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of th ses	ne travel return date.*** Total
Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of th ses	ne travel return date.*** Total
Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of th ses	ne travel return date.*** Total
Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @ \$.46	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of th ses	Total
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Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @ \$.46	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of th ses	Total
Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @ \$.46	5. I NA District Travel Reimb	oursements MUST	be submitted w	vithin thirt	y (30) days of the ses splanation	Total
Date # Miles Affidavit: I hereby certify that	ipts and signature and 03.225: "Out-of-lead of the signature of the signat	Lodging d in the above state	Meals Meals ment were incurre	be submitted w Of Amount	vithin thirt	y (30) days of th ses	Total
Date # Miles	charge @ \$.46 substitute the state of the s	Lodging d in the above state city of official busing poson County Board	ment were incurrent state of Education; and	Amount	vithin thirt	y (30) days of the ses splanation splanation rsement Due	Total
Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburs	charge @ \$.46 substitute the state of the s	Lodging d in the above state city of official busing poson County Board	ment were incurrent state of Education; and	Amount	ther Expen	y (30) days of the ses splanation splanation rsement Due	Total
Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburs	charge @ \$.46 substitute the state of the s	Lodging d in the above state city of official busing poson County Board	ment were incurrent state of Education; and	ed by an e proper that all	ther Expen	y (30) days of the ses splanation splanation rsement Due	Total
Date # Miles Date # Miles Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimburdata furnished here within is tr	charge @ \$.46 substitute the state of the s	Lodging d in the above state city of official busing poor County Board	ment were incurrent of Education; and alge.	ed by an e proper that all	Reimbu	rsement Due	Total

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Employee Name	ustin Mitch	nell	Date	Submitt	red 8	8/24		
School/Work Site	nklh-Simp	son Mide	de Dehoo					
Name of Meeting/Confe	rence <u>EPS</u>	SB meet	ng		11122		6.00	100410
Date(s) of Meeting/Confe	erence <u>4 23</u>	4	Depart			_	me	om
Place of Meeting/Confer						aktort		
Rationale for Attendance	- Charing	the me	eting for	EPSIB	-0-	2 1	_	
Expenses paid by:	SBDM □ PD □	Spec Ed 🗆 K	ETS Other (I	MUST Sp	ecify) <u>EPS</u>	BIRDE		
Estimated Expenses:								
Registration Lodg					Substitute \$100 per day	Other	Total Est. Exp	enses
1 (C) 1 (C)	See policy of) 50.40 p	er ome		有100		\$100	
. (HIM		Grant/A	dmin:				
Principal Signature: Prior Superintendent App	yoval:		GrantyA		Required i	f Expenses are P	aid by Grant Fund	ds
Approved N			-	= Sh			8/20/2	4
Reason	ocripprovou	Supe	rintendent Sign	ature			Da	ate
						10		
Submit this section upon	returning, include	e any TD	ALIELEVAE	NICE	REIMBLE	RSEMEN	TREQUE	ST
original required rece	ipts and signature							
original required rece *** Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of-					y (30) days of th	e travel return d	
original required rece *** Per Board Policy 03.125 a Date # Miles	ipts and signature				tted within thir Other Expe	y (30) days of th	e travel return d Total	
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Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @ \$.46	District Travel Rein	nbursements MUS	Γ be submi	tted within thir Other Expe	ty (30) days of th	e travel return d Total	
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Per Board Policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @ \$.46	District Travel Rein	nbursements MUS	Γ be submi	tted within thir Other Expe	ty (30) days of th	Total	
Date # Miles	ipts and signature and 03.225: "Out-of- Charge @ \$.46	Lodging Lodging ed in the above sta	Meals Meals tement were incur	Amou	Other Experient E	ty (30) days of th	Total	
Date # Miles With the second policy 03.125 and the second policy 03.125 a	ipts and signature and 03.225: "Out-of- Charge @ \$.46	Lodging Lodging ed in the above sta	Meals Meals tement were incursiness; that they a	Amou	Other Experient E	ey (30) days of the ases explanation	Total	
Date # Miles	charge @ \$.46 sum sum sum sum sum sum sum su	Lodging ed in the above state acity of official bumpson County Boa	Meals Meals tement were incursiness; that they are of Education; and	Amou	Other Experient E	y (30) days of the nses xplanation	Total	
Date # Miles With	charge @ \$.46 sum sum sum sum sum sum sum su	Lodging ed in the above state acity of official bumpson County Boa	Meals Meals tement were incursiness; that they are of Education; and	Amou	Other Experient E	y (30) days of the nses xplanation	Total	
Date # Miles With	charge @ \$.46 sum sum sum sum sum sum sum su	Lodging ed in the above state acity of official bumpson County Boa	Meals Meals tement were incursiness; that they are of Education; and	Amou	Other Experient E	y (30) days of the nses xplanation	Total	
Date # Miles Date # Miles With Affidavit: I hereby certify that employee of Simpson County charges qualifying for reimbur data furnished here within is to	charge @ \$.46 sum sum sum sum sum sum sum su	Lodging ed in the above state acity of official bumpson County Boa	tement were incursiness; that they ard of Education; and	Amou	Reimb	y (30) days of the nses xplanation	Total	

Employee Name Sam Northern Date Subi	0/10/01	
d na	mitted 8/12/24	
School/Work Site SES	· ·	
Name of Meeting/Conference N/SL	7	_
Date(s) of Meeting/Conference August 28-29, 2024 Departure T	Time <u>3:00 am</u> Return Time <u>1:00pm</u>	_
Place of Meeting/Conference <u>Lexington</u> , KY		
Rationale for Attendance <u>Pro-Cassional Davalogment</u>		
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST	T Specify) 10	
Estimated Expenses:		
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile ### 158,24 Principal Signature:	Substitute State Other Total Est. Expe	4.7
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fund:	
ApprovedNot Approved	Ll slight	W
ReasonSuperintendent Signature	e Da	te
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be su	SE REIMBURSEMENT REQUE	
Charge @	Other Expenses	
Date # Miles Longing Weals	Total :	
\$.46 S.46	mount Explanation	
\$.46 A	mount Explanation	
\$.46 A	mount Explanation	
\$.46 B B A	mount Explanation	
\$.46	mount Explanation	
Affidavit: I hereby certify that all expenses included in the above statement were incurred by	y an Reimbursement Due	
Affidavit: I hereby certify that all expenses included in the above statement were incurred by employee of Simpson County Schools in the capacity of official business; that they are pro-	y an Reimbursement Due	
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Employee Name	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile Principal Signature:	Substitute S100 per day Total Est. Expenses 238 24 Required if Expenses are Paid by Grant Funds 8 / 6 / 24 Date
Submit this section upon returning. Include any original required receipts and signatures. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submode of the property of	Other Expenses Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by a employee of Simpson County Schools in the capacity of official business; that they are prope charges qualifying for reimbursement from the Simpson County Board of Education; and that a data furnished here within is true and correct to the best of my knowledge. Employee Signature Date	r

and the same	Q	m Noc-	16.00	Da	ta Submitta	. 81	12/24		
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School/Work	Site	.J							_
Name of Mee	eting/Confere	ence <u>N/SL</u>	111 10	24011 -		3100	- Detum T	7,00	_
Date(s) of Me	eeting/Confe	rence Octob	24 14-15	, 2024 Depa	irture Time_	3,00	<u>am</u> Keturn I	ime 1,00pm	_
		nce <u>Cexing</u>							_
Rationale for	Attendance	Pro-Pession	of Bevali	pmen I		- X			_
Expenses paid	d by: 🔲 S	BDM 🗆 PD	☐ Spec Ed	KETS Other	(MUST Spec	ify) 🖺			_
Estimated Ex	penses:								
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Principal Sign				Grant	/Admin:	2 Mu	od if Evpopses are I	Paid by Grant Funds	_
Prior Supering				1_	11	Requir	ed ii Expelises are i	all by Grant Tunius	
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Reason				Superintendent Si	gnature			Date	
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original r	required recei	returning. Inclu pts and signatu nd 03.225: "Out-o	res.	TRAVEL EX					***
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