

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 November 13-14, 2024 Departure Time 3:00 am Return Time 7:00 pm
 Place of Meeting/Conference Coxington, 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: [Signature]
 Required if Expenses are Paid by Grant Funds
 Prior Superintendent Approval:
 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	

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 Sam Northern Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference December 16-17, 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) 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>\$238.²⁴</u>

Principal Signature: _____ Grant/Admin: [Signature]
 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	

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 Sam Northern Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference January 8-9, 2025 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) 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>\$238.²⁴</u>

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

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 January 27-28 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) TQ

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80-</u>	<u>\$158.²⁴</u>				<u>\$238²⁴</u>

Principal Signature: _____ Grant/Admin: [Signature]
 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	
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 Norther Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference February 26-27, 2025 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) 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>480-</u>	<u>\$158.24</u>				<u>\$238.24</u>

Principal Signature: _____ Grant/Admin: [Signature]
 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	
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 March 17-18, 2025 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>\$238.²⁴</u>

Principal Signature: _____ Grant/Admin: [Signature]
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
 Approved Not Approved...
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TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

Central Office Use:

Coding

CFO Approval

Reimbursement Due _____

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 April 22-23, 2025 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) TQ

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80-</u>	<u>\$158.²⁴</u>				<u>\$238.²⁴</u>

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

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 Sam Norther Date Submitted 8/12/24
 School/Work Site SES
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference May 21-22, 2025 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>\$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: 8/19/24

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

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 Desriok Perdue Date Submitted 08/12/24

School/Work Site FSMS

Name of Meeting/Conference NISL

Date(s) of Meeting/Conference Aug 28th - 29th Departure Time 3:00am 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) TB

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80</u>	<u>198.21</u>				<u>\$278.21</u>

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

Prior Superintendent Approval:
 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	

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 Deotrick Perdue Date Submitted 08/12/24
 School/Work Site FSMS
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference Sept. 18th - 19 Departure Time 3:00am 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) 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>319821</u>				<u>\$238.24</u>

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

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 Detriok Perdre Date Submitted 08/12/24
 School/Work Site FSMS
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference Oct. 14th - 15th Departure Time 3:00am 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) TA

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		\$80	309821				\$238.24

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

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	
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 Desriok Perdre Date Submitted 08/12/24

School/Work Site FSMS

Name of Meeting/Conference NISL

Date(s) of Meeting/Conference Nov. 13th - 14th Departure Time 3:00am 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) TA

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>158.21</u>				<u>\$238.21</u>

Principal Signature: _____ Grant/Admin: [Signature]

Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds

Approved Not Approved...

Reason _____

[Signature]
Superintendent Signature 8/15/24
Date

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

TRAVEL EXPENSE REIMBURSEMENT REQUEST

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

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

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

Reimbursement Due _____

Employee Signature Date

Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Detriok Perdre Date Submitted 08/12/24
 School/Work Site FSMS
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference Dec. 16th-17th Departure Time 3:00am 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) 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>309821</u>				<u>\$238.24</u>

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

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 Derriok Perdue Date Submitted 08/12/24
 School/Work Site FSMS
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference Rostrath Departure Time 3:00am 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) TG

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>300 158.21</u>				<u>\$238.21</u>

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

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 Detriok Perdue Date Submitted 08/12/24
 School/Work Site FSMS
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference Jan 27th - 28th Departure Time 3:00am 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) TQ

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80</u>	<u>198.21</u>				<u>\$278.21</u>

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

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

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

Employee Name Derriok Perdue Date Submitted 08/12/24
 School/Work Site FSMS
 Name of Meeting/Conference NISL
 Date(s) of Meeting/Conference Tue 26th - 27th Departure Time 3:00am 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) TQ

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.46 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
		<u>\$80</u>	<u>309.24</u>				<u>\$238.24</u>

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

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