Employee Name School/Work Sit Name of Meetir Date(s) of Meet Place of Meeting Rationale for At Expenses paid b Estimated Expen	te St ng/Confere ing/Confere g/Conferer tendance _ y: SI	nce NISL ence Novem nce Cexing No-Cession BDM PD	ton 13-14si	2024 Depart	MUST Sp	3100	Return Ti	me 7:00pm
		48		8.24		0		238=4
Principal Signatu	ure:		10	Grant/	Admin:	Sh	eli Smilt	<u> </u>
Prior Superinter				1	-11	Requ	ired if Expenses are P	aid by Grant Funds
Approved Reason		t Approved	Sup	erintendent Sigr	MC nature			8/19/24 Date
Ned30II			5up	erintendent sign	inture .			
original req	uired receip	eturning. Includents and signatur	es.					IT REQUEST
		d 03.225: "Out-o Charge @		73	T be submi		Expenses	he travel return date.*** Total
Date	# Miles	\$.46	Lodging	Meals	Amou	unt	Explanation	Total Total
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						D/	eimbursement Du	
employee of Simp	son County S	Schools in the ca ement from the !	pacity of official b Simpson County Bo	tatement were incu usiness; that they pard of Education; a wledge.	are proper	program South	al Office Use:	
Employee Signa	ature			Date		Codin	g	,
				Date		050	oproval	

	, ,
Employee Name <u>Sam Northern</u> Date Submit	ted 8/12/24
Name of Meeting/Conference NISL	
Date(s) of Meeting/Conference December 16-17, 2024 Departure Time	e 3100 am Return Time 7:00pm
Place of Meeting/Conference Cexington, KY	
Rationale for Attendance No fessional Davalogment	··· 10
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	pecify) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Estimated Expenses:	C. L. Char Total Fet Funances
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile 480 - 4158,24	Substitute Other Total Est. Expenses \$100 per day
Principal Signature: Grant/Admin:	Mili Smill
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/19/24
Reason Superintendent Signature	Date
AAA - JAAA MARAN INTO AND	REIMBURSEMENT REQUEST
*** Per Board Policy 03 125 and 03 225: "Out-of-District Travel Reimbursements MUST be subm	nitted within thirty (30) days of the travel return date.***
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be subm	Other Expenses
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submodel Date # Miles	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles \$.46 Lodging Meals Amo	Other Expenses Total Total Reimbursement Due
Date # Miles Charge @ Lodging Meals Amo	Other Expenses unt Explanation Total Reimbursement Due
Date # Miles \$.46 Lodging Meals Amo	Other Expenses unt Explanation Total Reimbursement Due
Affidavit: I hereby certify that all expenses included in the above statement were incurred by are 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 all data furnished here within is true and correct to the best of my knowledge.	Other Expenses Total Reimbursement Due Central Office Use:

Employee Name San Northern Date Sul	omitted8//2/24
School/Work Site	
Name of Meeting/Conference W/SL	20
Date(s) of Meeting/Conference Vanuary 8-9, 2025 Departure	Time 3100 am Return Time 7:00pm
Place of Meeting/Conference <u>Lexington</u> , KY	
Rationale for Attendance No Lessional Development	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUS	ST Specify)
Estimated Expenses:	
Registration Lodging Meals Mileage Airfare See policy on back* \$0.46 per mile 480 - 4158,24	Substitute Other Total Est. Expenses \$100 per day 238 24
Principal Signature: Grant/Adm	in: My Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	9/. 21
Approved Not Approved	-
Reason Superintendent Signature	re Date
Submit this section upon returning. Include any	CE DELLABI INCELARATE DEGLIECT
	SE REIMBURSEMENT REQUEST submitted within thirty (30) days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals	submitted within thirty (30) days of the travel return date.*** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incurred	Other Expenses Amount Explanation Total by an Reimbursement Due
Pate # Miles Charge @ Lodging Meals Charge @ Lodging Meals Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incurred employee of Simpson County Schools in the capacity of official business; that they are property in the capacity of official business; that they are property is a simple of the capacity of official business; that they are property is a simple of the capacity of official business; that they are property is a simple of the capacity of official business; that they are property is a simple of the capacity of official business; that they are property is a simple of the capacity of the ca	Other Expenses Amount Explanation Total by an roper
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @ Lodging Meals Lodging Meals Affidavit: I hereby certify that all expenses included in the above statement were incurred	Other Expenses Amount Explanation Total by an roper
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Date	Other Expenses Amount Explanation Total by an Reimbursement Due croper nat all Central Office Use:
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Charge @	Other Expenses Amount Explanation Total by an Reimbursement Due Proper nat all
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be Date	Other Expenses Amount Explanation Total by an Reimbursement Due croper nat all Central Office Use:

	7		alistan	
Employee Name Sam	lorthern	Date Submitted	8/12/24	
School/Work Site SES				
Name of Meeting/Conference	SL			
Date(s) of Meeting/Conference	anus 17 27-28	Departure Time	Return Time	e /;00pm_
Place of Meeting/Conference <u>Les</u>				
Rationale for Attendance <u>frofes</u>	wional Davidopment	/		
Expenses paid by: SBDM I	PD Spec Ed KETS	Other (MUST Specif	y) 10	
Estimated Expenses:				
	Meals e policy on back* Mileage \$0.46 per mile 158,24	\$100	stitute Other T	238 24
Principal Signature: Prior Superintendent Approval:		_ Grant/Admin:///	Required if Expenses are Paid	l by Grant Funds
Approved Not Approve	ed	1 5h		dalzy
Reason		ndent Signature		Date
Submit this section upon returning.	Include any	LENDENCE DE	INADILIDGENAENIT	DEALLECT
original required receipts and sig	natures.	40 40	IMBURSEMENT within thirty (30) days of the	
original required receipts and sig *** Per Board Policy 03.125 and 03.225: " Charge	natures. INAVE. Out-of-District Travel Reimburse	ments MUST be submitted		travel return date.***
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original required receipts and signers are signers. *** Per Board Policy 03.125 and 03.225: " Date # Miles Charge \$.46	Cout-of-District Travel Reimburser Lodging Lodging s included in the above statementhe capacity of official business; in the Simpson County Board of E	t were incurred by an that they are proper ducation; and that all	within thirty (30) days of the Other Expenses Explanation	travel return date.***
original required receipts and signature. *** Per Board Policy 03.125 and 03.225: " Date # Miles Charge \$.46 Affidavit: I hereby certify that all expenses employee of Simpson County Schools in charges qualifying for reimbursement from	Lodging Lod	t were incurred by an that they are proper ducation; and that all	within thirty (30) days of the Other Expenses Explanation Reimbursement Due	travel return date.***

Attacii ivie	cring regions								
Employee Na	me <u>Ba</u>	m Nor-	thern	Date	e Submitte	ed _ <i>&</i>	112/24	*6	
School/Work	Site	3			-				
Name of Mee	eting/Confere	ence <u>N/SU</u>				<u> </u>			7 .
Date(s) of Me	eting/Confe	rence <u>fabrua</u>	14 26-27, 3	Depart	ture Time	3100	Retur	n Time	1:00pm
Place of Mee	ting/Confere	nce <u>Lexing</u>	Hon, K	У					
Rationale for	Attendance	10-Lession	al Davelops	nent					
Expenses paid	d by: 🗆 S	BDM 🗆 PD	□ Spec Ed □	KETS Other (MUST Spe	cify)	711		
Estimated Ex	penses:								
Registration	n Lodgir		on back* \$0.46	leage Airfa per mile 8,24		Substitute \$100 per da			tal Est. Expenses
Principal Sign	ature:			Grant/A	Admin:	Shil	woney	۵	
Prior Superin					1	Requ	ired if Expenses a	are Paid b	y Grant Funds
✓ Approv	ed No	ot Approved			- 5h	1			8/19/24
Reason			Sur	perintendent Sign	nature				Date
	AND DESCRIPTION OF THE PARTY OF								
original i	required recei	returning. Inclu pts and signatu	res.	RAVEL EXP					
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*** Per Board Date Affidavit: I here employee of Si charges qualify	# Miles # by certify that impson County ing for reimbur	pts and signatured of the control of	Lodging Lodging ded in the above apacity of official	Meals Meals Statement were incubusiness; that they oard of Education; a	Amou Arred by an are proper	Other nt	n thirty (30) days Expenses Explanation	t Due	avel return date.***
*** Per Board Date Affidavit: I here employee of Si charges qualify	# Miles # by certify that impson County ing for reimbur	pts and signatured of the control of	Lodging Lodging ded in the above sapacity of official Simpson County B	Meals Meals Statement were incubusiness; that they oard of Education; a	Amou Arred by an are proper	Other nt Re	eimbursement al Office Use:	t Due	avel return date.***
*** Per Board Date Affidavit: I here employee of Si charges qualify	eby certify that impson County ing for reimbur here within is tr	pts and signatured of the control of	Lodging Lodging ded in the above sapacity of official Simpson County B	Meals Meals Statement were incubusiness; that they oard of Education; a	Amou Arred by an are proper	Other nt	eimbursement al Office Use:	t Due	avel return date.***

	9/10/01
Employee Name Sam Northern Date Submitte	d_8/12/24
School/Work Site	
Name of Meeting/Conference N/SL	2100 - 7100
Date(s) of Meeting/Conference March 17-18, 2025 Departure Time	S:00 am_Return Time
Place of Meeting/Conference <u>Lexington</u> , KY	
Rationale for Attendance <u>Professional Davalogment</u>	
Expenses paid by: SBDM PD Spec Ed KETS Other (MUST Spec	cify) 10-
Estimated Expenses:	
See policy on back* \$0.46 per mile \$	ubstitute Other Total Est. Expenses 100 per day 238 24
Principal Signature: Grant/Admin:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	dlalay
Reason Superintendent Signature	Date
Submit this section upon returning. Include any original required receipts and signatures. TRAVEL EXPENSE R	FIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."	ed within thirty (30) days of the travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	ed within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted. Charge @	orded within thirty (30) days of the travel return date.*** Other Expenses Total
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Charge @ Lodging Meals	ed within thirty (30) days of the travel return date.*** Other Expenses Total
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted. Date # Miles Charge @ Lodging Meals Amount	ed within thirty (30) days of the travel return date.*** Other Expenses Total
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge @ Lodging Meals Amount Amount 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	Other Expenses Total Explanation Reimbursement Due
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted." Date # Miles Charge @ Lodging Meals Amount Amount Charge @ \$.46 Lodging Meals Amount Charge @ Lodging Meals Amount Charg	Other Expenses Total Explanation Reimbursement Due
Date # Miles Charge @ Lodging Meals Amount 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.	Other Expenses Total Reimbursement Due Central Office Use:
Pate # Miles Charge @ Lodging Meals Amount 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 s	Other Expenses Total Explanation Reimbursement Due

	1	1				-1.	
Employee Na	me <u>13a</u>	m Nor-	thern	Date	e Submitte	8/12/24	
School/Work	Site St	S					
Name of Me	eting/Confere	ence MISL			- 33		
Date(s) of Mo	eeting/Confe	rence April	22-23, 2	l <i>o⊋ S</i> Depart	ture Time_	3100 am Return	Time 7:00pm
			ton, K				
Rationale for			al Davalop				
Expenses pai	d by: □ S	BDM □ PD	□ Spec Ed □	KETS Ø Other (I	MUST Spec	cify) 10	
Estimated Ex	penses:						
Registratio	n Lodgir	ng Me See policy	on back* \$0.46	ileage Airfa sper mile 8 24		ubstitute Other	Total Est. Expenses
Principal Sign	nature:			Grant/A	Admin: 📝	Shilin Sm	(h
Prior Superin	tendent Appi	roval:		1	11	Required if Expenses a	re Paid by Grant Funds
Approv	ed No	t Approved	-	08	m		8/M/24
Reason			Su	perintendent Sign	nature		Date
Submit this	section upon	returning. Includ	de any	AVEL EVE	ENICE D	EINADLIDGENAG	INT DEGLIEST
original *** Per Board	required recei Policy 03.125 ar	pts and signatur nd 03.225: "Out-o	es.			EIMBURSEME ed within thirty (30) days	of the travel return date.***
original *** Per Board Date	required recei Policy 03.125 ar # Miles	pts and signatur nd 03.225: "Out-o Charge @ \$.46	es.			Other Expenses	of the travel return date.***
*** Per Board	Policy 03.125 ar	nd 03.225: "Out-o Charge @	es. If-District Travel Re	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	of the travel return date.***
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*** Per Board	Policy 03.125 ar	nd 03.225: "Out-o Charge @	es. If-District Travel Re	eimbursements MUS	T be submitt	ed within thirty (30) days of Other Expenses	of the travel return date.***
*** Per Board Date	# Miles	nd 03.225: "Out-o Charge @ \$.46	es. f-District Travel Re Lodging	Meals .	Amour	Other Expenses Explanation	Total
Date Affidavit: I here employee of S	# Miles # Diles # Miles	charge @ \$.46 \$.46	Lodging Lodging ded in the above pacity of official	Meals Meals statement were incubusiness; that they a	Amour Amour	ed within thirty (30) days of Other Expenses	Total
Date Affidavit: I here employee of Scharges qualify	# Miles # Miles eby certify that impson County	charge @ \$.46 s.46 all expenses inclusions in the casement from the	Lodging Lodging ded in the above pacity of official	statement were incubusiness; that they also	Amour Amour	Other Expenses Explanation	Total
Affidavit: I here employee of Scharges qualify data furnished	# Miles # Miles eby certify that impson County ing for reimburs here within is tr	charge @ \$.46 s.46 all expenses inclusions in the casement from the	Lodging Lodging ded in the above spacity of official Simpson County E	statement were incubusiness; that they aboveledge.	Amour Amour	Other Expenses Explanation Reimbursement Central Office Use:	Total
Date Affidavit: I here employee of Scharges qualify	# Miles # Miles eby certify that impson County ing for reimburs here within is tr	charge @ \$.46 s.46 all expenses inclusions in the casement from the	Lodging Lodging ded in the above spacity of official Simpson County E	statement were incubusiness; that they also	Amour Amour	Other Expenses Explanation Reimbursement	Total

1		-1.
Employee Name Sam Northern	Date Submitted	8/12/24
School/Work Site SES		
Name of Meeting/Conference N/SL	29	
Date(s) of Meeting/Conference May 21-22, 2025	Departure Time _	3:00 gm_ Return Time 7:00pm_
Place of Meeting/Conference <u>Lexington</u> , KY		
Rationale for Attendance No Pessional Davidopmen	7	
Expenses paid by:	Other (MUST Spec	ify) <u>10</u>
Estimated Expenses:		
Registration Lodging Meals Mileage See policy on back* \$0.46 per mi	le \$1	Other Total Est. Expenses Oper day
Principal Signature:	Grant/Admin:	Dhilin Smith
Prior Superintendent Approval:	1 .//	Required if Expenses are Paid by Grant Funds
Approved Not Approved	+ SU	8/19/24
Reason Superint	tendent Signature	Date
Submit this section upon returning. Include any		
original required receipts and signatures.	EL EXPENSE R	EIMBURSEMENT REQUEST
Dirigital required receipts and allowed	40 (0)	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbur	40 (0)	ed within thirty (30) days of the travel return date.**
Dirigital required receipts and allowed	40 (0)	ed within thirty (30) days of the travel return date.** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbur Charge @ Lodging	rsements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total
Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbur Charge @ Lodging	rsements MUST be submitte	ed within thirty (30) days of the travel return date.** Other Expenses Total
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Date # Miles Charge Lodging Lodging Lodging Affidavit: I hereby certify that all expenses included in the above statem employee of Simpson County Schools in the capacity of official busine charges qualifying for reimbursement from the Simpson County Board of data furnished here within is true and correct to the best of my knowledge	Meals Amoun Meals Amoun ment were incurred by an ass; that they are proper of Education; and that all age.	Other Expenses t Explanation Reimbursement Due Central Office Use:
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Employee Name Defrick Pe	JveDate Submitted _08/12/24
School/Work Site F5M S	
Name of Masting/Conforms N	SL
Date(s) of Meeting/Conference	rg 28th - 29th Departure Time 3:00am Return Time 7:00pm
Place of Meeting/Conference	inter, ky
Rationale for Attendance	simal Development
Expenses paid by: SBDM	PD Spec Ed KETS (MUST Specify) 16
Estimated Expenses:	
Registration Lodging	Meals Mileage Airfare Substitute Other Total Est. Expenses policy on back* \$0.46 per mile \$100 per day
	\$80 \$38.24
Principal Signature:	Grant/Admin:
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Appro	
Reason	Superintendent Signature Date
Submit this section upon returning original required receipts and s *** Per Board Policy 03.125 and 03.225 Date # Miles Charg \$.4	Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***
	Amount of Empley of the Control of t
1	
	Poimburcoment Due
employee of Simpson County Schools i	s included in the above statement were incurred by an the capacity of official business; that they are proper
employee of Simpson County Schools i	the capacity of official business; that they are proper n the Simpson County Board of Education; and that all
employee of Simpson County Schools i charges qualifying for reimbursement fr data furnished here within is true and co	the capacity of official business; that they are proper in the Simpson County Board of Education; and that all ect to the best of my knowledge. Central Office Use:
employee of Simpson County Schools i charges qualifying for reimbursement fr	the capacity of official business; that they are proper n the Simpson County Board of Education; and that all

Employee Name Defrick Perdre	Date Submitted <u>08/12/24</u>
School/Work Site F5M S	
Name of Meeting/Conference NTSL	
Date(s) of Meeting/Conference <u>Sept.</u>	18th 19 Departure Time 3:00 am Return Time 7:00 pm
Place of Meeting/Conference	in, ky
Rationale for Attendance	Developme. T
Expenses paid by: SBDM PD C	Spec Ed KETS Other (MUST Specify)
Estimated Expenses:	
Registration Lodging Mea	on back* \$0.46 per mile \$100 per day
Principal Signature:	Grant/Admin: Allin Smith
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	8/19/24
Reason	Superintendent Signature Date
Submit this section upon returning. Include original required receipts and signature	WALL CALFLIST DEBLISAUSEMENT DESCRETA
Per Board Policy 03.125 and 03.225: "Out-of- Date # Miles Charge @ \$.46	District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses Lodging Meals Amount Explanation
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Para # Miles Charge @	Other Expenses Total
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Para # Miles Charge @	Lodging Meals Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due
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Employee Name Defrick Peldre	Date Submitted <u>08/12/24</u>	
School/Work Site <u>F5M S</u>		
Name of Mosting/Conference MTSL		
Date(s) of Meeting/Conference Oct. 14th	Departure Time 3:00 am Return Time 7:00 pr	~
Place of Meeting/Conference	ky	
Rationale for Attendance (ofess:wal	Development	
Expenses paid by:	Ed KETS Other (MUST Specify)	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Substitute Other Total Est. Expersol. 438.24	
Principal Signature:	Grant/Admin: Shelm Smith	
Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds	i
Approved Not Approved	8/4/24	
Reason	Superintendent Signature Date	te ——
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUE	
*** Per Board Policy 03.125 and 03.225: "Out-of-District	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da Other Expenses dging Meals Amount Explanation	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	Other Expenses Total	
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	Other Expenses Total	
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Charge @ Lo	Other Expenses Total	
Date # Miles Charge @ Lo \$.46 Lo	Meals Amount Explanation Total	
Per Board Policy 03.125 and 03.225: "Out-of-District Date # Miles Charge @ \$.46 Lo	Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due County Board of Education; and that all	
Date # Miles Charge @ Lo \$.46 Lo Affidavit: I hereby certify that all expenses included in temployee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson	Amount Explanation Total Amount Explanation Total Amount Explanation Reimbursement Due County Board of Education; and that all	

Employee Name Defrick Peldre	Date Submitte	ed 08/12/24	
School/Work Site F5M S			
Name of Mosting/Conference NTSL			_
Date(s) of Meeting/Conference Nov. 131-19	Departure Time	3',00am Return T	ime 7:00pm
Place of Meeting/Conference Lorington, Ky			
Rationale for Attendance Professing Devel	ignes t	476	
Expenses paid by: SBDM PD Spec Ed	KETS Other (MUST Spe	ecify) 10	
Estimated Expenses:			
Negistration 8b	illeage , illiand	Substitute Other \$100 per day	Total Est. Expenses
\$80 32	P (5824)		\$238.24
	4	A.1. 8 3h	
Principal Signature:Prior Superintendent Approval:	Grant/Admin:	Required if Expenses are F	Paid by Grant Funds
Approved Not Approved	7-9hl	_	8/15/24
	perintendent Signature		Date
Submit this section upon returning. Include any	RAVEL EXPENSE	REIMBURSEMEN	T REQUEST
Official Ledanica Leceibra and orgination			
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel F			he travel return date.***
Official Ledanica Leceibra and orgination		tted within thirty (30) days of t Other Expenses	
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Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above	Meals Amou	tted within thirty (30) days of t Other Expenses	he travel return date.*** Total
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	Meals Amou	Other Expenses Int Explanation Reimbursement Du	he travel return date.*** Total
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official	Meals Amou	Other Expenses Int Explanation	he travel return date.*** Total
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County data furnished here within is true and correct to the best of my known and the structure of the s	Meals Amou	Other Expenses Int Explanation Reimbursement Du	he travel return date.*** Total
Date # Miles Charge @ Lodging Lodging Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County	Meals Amou	Reimbursement Du Central Office Use:	he travel return date.*** Total

Employee Name Defrick PeffreDate Submitted	108/12/24
School/Work Site F5M S	
N of Marking/Conference NTSI	
Date(s) of Meeting/Conference Dtc. 167-17th Departure Time_	3:00am Return Time 7:00pm
Place of Meeting/Conference Lexington, Ky	
Rationale for Attendance Professional Development	- K
Expenses paid by: SBDM PD Spec Ed KETS Wother (MUST Spec	ify) 10
Estimated Expenses:	
See policy on back* \$0.46 per mile \$1	Ubstitute Other Total Est. Expenses On per day
780 2821	m · d st
Principal Signature: Grant/Admin:	Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	Required if Expenses are Faid by Grant Funds
Approved Not Approved	8 //5 /5/ Date
Reason Superintendent Signature	
Oliginal reduited receipts and orginals as	EIMBURSEMENT REQUEST
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted."	Other Expenses
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Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
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Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses Total
Date # Miles Charge @ Lodging Meals	Other Expenses t Explanation Total
Date # Miles Charge @ Lodging Meals Amoun	Other Expenses Total
Date # Miles Charge @ Lodging Meals Amoun	Other Expenses t Explanation Total
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.	Central Office Use:
Date # Miles \$.46 Lodging Meals Amoun 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 gualifying for reimbursement from the Simpson County Board of Education; and that all	Other Expenses t Explanation Reimbursement Due

Employee Name Degrick Pegdve	Date Submitted 08/12/24	
School/Work Site F5/M S		
Name of Meeting/Conference NJSL		
Date(s) of Meeting/Conference Ro 8tr-at	Departure Time 3:00 am Return Time 7:00 pm	,
Place of Meeting/Conference Lexington, K	y	_
Batianala for Attendance Professional De	religions +	_
Expenses paid by: SBDM PD Spec Ed	KETS Other (MUST Specify) 16	
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Substitute Other Total Est. Expens \$100 per day \$\frac{1}{2} \frac{1}{2} \frac{1}	es
Principal Signature:	Grant/Admin:	
Prior Superintendent Approval:	1 21	
Approved Not Approved	Superintendent Signature 8 / 19 Ut Date	
Reason	Superintendent Signature Date	
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUES	Т
Part Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses Total	
*** Per Board Policy 03.125 and 03.225: "Out-of-District Tra	vel Reimbursements MUST be submitted within thirty (30) days of the travel return date Other Expenses	
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Date # Miles Charge Lodging \$.46 Lodging \$.46 Affidavit: I hereby certify that all expenses included in the attemptoyee of Simpson County Schools in the capacity of of charges qualifying for reimbursement from the Simpson County Schools in the Simpson County S	Other Expenses Amount Explanation Total Dove statement were incurred by an ficial business; that they are proper anty Board of Education; and that all	

Employee Name Destrok Pesdre	Date Submitted 08/12/24
School/Work Site F5M S	
NTS	
Date(s) of Meeting/Conference Ten 27th	Departure Time 3:00 am Return Time 7:00 pm
Place of Meeting/Conference Lakington, K	y .
Rationale for Attendance Rotess: ME	eloprost
Expenses paid by: \square SBDM \square PD \square Spec Ed	☐ KETS Other (MUST Specify) 10
Estimated Expenses:	
Registration Lodging Meals See policy on back*	Mileage Airfare Substitute Other Total Est. Expenses \$100 per day
.00	24 5824
Principal Signature:	Grant/Admin: Required if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	A CALL A CALLARY
Approved Not Approved	Superintendent Signature Date
Reason	Superintendent Signature Date
	THE PERSON OF TH
Charge @ Lodgi	TRAVEL EXPENSE REIMBURSEMENT REQUEST vel Reimbursements MUST be submitted within thirty (30) days of the travel return date.* Other Expenses Amount Explanation Total
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mployee Name Defrick Perdue					
	(E15 Lyrother (MOS) Specify				
Estimated Expenses:		titute Other Total Est. Expenses			
Megistration = - w88	per mile \$100 p	titute Other Total Est. Expenses per day #238.24			
Principal Signature:	Grant/Admin:	Required if Expenses are Paid by Grant Funds			
Prior Superintendent Approval:	2011	21.= 1-4			
V Approved Not Approved	2 8MC	Q/(7 OF Date			
ReasonSu	erintendent Signature				
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re	imbursements MUST be submitted to	ther Expenses Total			
S.46	Amount	Explanation			
2.40					
2.40					
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		Poimbursoment Duo			
Affidavit: I hereby certify that all expenses included in the above employee of Simpson County Schools in the capacity of official charges qualifying for reimbursement from the Simpson County Edata furnished here within is true and correct to the best of my kn	ousiness; that they are proper oard of Education; and that all wledge.	Reimbursement Due entral Office Use:			
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